

Case Number:	CM15-0053196		
Date Assigned:	03/26/2015	Date of Injury:	08/04/2014
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male with an industrial injury dated 07/28/2014. His diagnoses include disorders of bursa and tendons in shoulder region, tendinitis of foot and displacement of lumbar intervertebral disc without myelopathy. Treatment to date includes MRI, physical therapy, chiropractic treatment and medications. He presents on 01/19/2015 with complaints of pain in right neck and shoulder. He also complains of low back pain. Physical exam revealed tenderness to palpation over the posterior aspect of the shoulder. Lumbar spine was tender to palpation and there was tenderness to palpation of the left foot. The provider requested physical therapy for the left ankle 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 sessions of Physical Therapy for treatment of the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of treatment. In this case, the patient has completed physical therapy of the ankle/foot and it is not explained why additional physical therapy is necessary rather than home rehabilitation. Therefore the request is not medically necessary.