

Case Number:	CM15-0055056		
Date Assigned:	03/30/2015	Date of Injury:	12/23/1995
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on 12/23/1995. He reported injuries to his neck, lower back, right and left shoulder, left and right ankle, and numbness and tingling in the left hand. The injured worker is currently diagnosed as having multilevel lumbar spine disc bulge and lateral ligament injury to right ankle. Treatment to date has included physical therapy, injections, right ankle MRI, lumbar spine MRI, cervical spine MRI, thoracic spine MRI, right shoulder MRI, left hand carpal tunnel release, and medications. No recent progress notes noted in received medical records. A progress note dated 01/29/2009, the physician requested authorization for physical therapy to the right ankle. According to the application, Independent Medical Review is requested for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for bilateral feet/ankles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical Therapy.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 3 to 4 times per week to the bilateral feet/ankles is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are multilevel lumbar spine disc bulges and lateral ligament injury to the right ankle. The documentation shows the injured worker was under the care of an orthopedist (██████████) from July 19, 2004 until June 24, 2009. The request for authorization is dated February 24, 2015. The request for authorization was signed by the treating orthopedist, ██████████. There is no recent documentation consistent with a progress note with subjective and objective clinical findings to determine whether physical therapy is, in fact, required. The date of injury was December 23, 1995. The total number of physical therapy sessions to date is unclear from the documentation. However, when treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There were no compelling clinical facts (or progress notes) from the treating/requesting physician, ██████████. Consequently, absent compelling clinical documentation from the requesting physician (there was no documentation from the requesting physician as far back as 2009) with an indication and rationale for additional physical therapy, physical therapy 3 to 4 times per week to bilateral feet/ankles is not medically necessary.