

Case Number:	CM15-0058720		
Date Assigned:	04/03/2015	Date of Injury:	01/30/2014
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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:

This 32 year old male sustained an industrial injury to the back, right ankle and right foot on 1/30/14. Previous treatment included x-rays, physical therapy, back brace and medications. In a PR-2 dated 2/19/15, the injured worker complained of pain to the thoracic spine, lumbar spine, right knee and right ankle. The physician noted that the injured worker had completed 16 sessions of physical therapy and had reached a plateau. Current diagnoses included aftercare for right foot fracture repair, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, right knee medial meniscus tear and right ankle sprain/strain. The treatment plan included six sessions of acupuncture, orthopedic surgeon consultation, podiatry consultation, medications (Tramadol, Naproxen Sodium and topical compound creams) and electromyography/nerve conduction velocity test right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine 3 x per week x 4 weeks, Thoracic spine, Lumbar spine: Upheld

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

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

Decision rationale: MTUS 2009 states that up to 10 sessions of physical therapy is an option to treat back pain. The patient has already received 16 sessions of physical therapy without any clinically meaningful functional improvement. The most recent progress note states that additional therapy is not requested and that acupuncture will commence. It notes that no significant improvement had occurred and states that no additional therapy is requested. Based upon the request's lack of adherence to MTUS 2009 and the most recent progress note withdrawing the request for additional PT, this request for an additional 24 sessions of PT is denied.

X-Ray Right Leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Radiography (x-rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

Decision rationale: ODG states that x-rays are indicated for acute trauma. The patient has a history of a fracture with hardware. X-rays were ordered in January 2015 to help assess the continued complaints of pain. Repeat x-rays have been ordered without any findings available from the January x-rays. There is no clinical indication provided for repeat x-rays. Therefore, this request for x-rays of the right leg is denied.