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| Case Number: | CM13-0064551 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 02/16/2010 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36 year old female who was reportedly injured on 02/16/2010. Mechanism of Injury not listed in records reviewed. The last progress note dated 11/12/2013 noted subjective complaints of worsening back pain to left hip, buttock and left leg. The injured worker also stated there was numbness, tingling and burning in the left foot with no benefit from Neurontin. Objective findings noted showed positive straight leg raising left at 70 degrees, negative on the right, asymmetric horizontal torsion and lateral bend, decreases to the left by 20 percent versus the right. Some weakness on plantar flexion of the left foot against resistance and decreased sensation in the left foot were also noted. The Electromyogram/nerve conduction study confirmed mild polyneuropathy of motor and sensory nerves in the left leg. The injured workers' diagnoses are degenerative disk disease lumbosacral, sciatica and left heel spur. The injured worker currently uses a contralateral cane and needs to be weaned from the cane per qualified medical evaluator. The request for physical therapy 3x5 L-S spine, physical therapy 3X5 left heel was not certified on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3X5 L-S SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical therapy, page 474.

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

Decision rationale: The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for lumbar sprains and strains, or Lumbago / Backache. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, the injury is over four years old. There is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Nonetheless, the requested number of visits would exceed the recommendation's guidelines. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

PT 3X5 LEFT HEEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical therapy, page 474.

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG, Physical Therapy (PT) is recommended for chronic ankle pain; allowing for physical therapy; 9 visits over 8 weeks for ankle sprain, tendinitis, bursitis. In this case, there is no record of previous PT progress notes with documentation of objective measurements to support any indication of more PT visits. Furthermore, the requested PT visits would exceed the number of recommended PT visits per guidelines. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.