

Case Number:	CM14-0115299		
Date Assigned:	09/16/2014	Date of Injury:	09/21/2001
Decision Date:	10/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 50-year-old female with a 9/21/01 date of injury; the mechanism of the injury was not described. The patient underwent 5 left foot surgeries between 2002-2007. The patient was seen on 6/24/14 with complaints of low back pain and chronic left foot pain with numbness and tingling that had been gradually worsening. The patient reported that she fell on her left knee recently. The patient stated that she was not performing any exercises due to recent radiation therapy and felt that her back and left foot pain had been gradually worsening. Exam findings revealed tenderness to palpation at the lumbosacral junction and decreased lumbar spine range of motion. The sensation was decreased to light touch along the left lower extremity and foot compared to the right lower extremity. Straight leg raising test was negative bilaterally and the motor strength was 5/5 in bilateral lower extremities. The diagnosis is sciatica, ankle pain, status post excision of multiple neuromas from the left foot, status post repair of ruptured Achilles tendon and status post decompression a superficial perineal nerve in the left foot. Treatment to date: surgeries, work restrictions and medications. An adverse determination was received on 7/15/14. The request for Physical therapy 2x6 weeks, left ankle was modified to 6 visits given that further visits would be considered based on reports documenting functional progress from the 6 physical therapy visits along with functional goals supporting further therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks, left ankle per report dated 6/24/2014 QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Therapy p Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114); Official Disability Guidelines (ODG) Ankle and Foot Chapter, Physical Therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the ODG guidelines recommend 9 visits over 8 weeks for ankle/foot sprain. The UR decision dated 7/15/14 certified 6 sessions of PT for the left ankle. Given that the patient underwent 5 left ankle surgeries, it is not clear how many sessions of PT were accomplished. The progress report dated 6/24/14 did not indicate that the patient sustained any new trauma to her ankle and her main concern was chronic pain with numbness and weakness. Given that the Guidelines recommend 9 sessions of PT for an ankle sprain, 12 sessions of PT for continued pain was not medically necessary. Therefore, the request for Physical therapy 2x6 weeks, left ankle was not medically necessary.