

Case Number:	CM14-0115530		
Date Assigned:	08/04/2014	Date of Injury:	03/29/2014
Decision Date:	10/14/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 64-year-old male who sustained an injury on 3/29/14. An emergency room x-ray revealed a fracture of the left tibia, and left leg surgery was done. Examination revealed full range of motion of the neck, and no cervical lymphadenopathy was noted. A back exam revealed the spine was non-tender to palpation. The left leg was in brace, and no clubbing, ecchymosis or edema was noted. Motor strength was normal in upper and lower extremities, and sensory exam was intact. Current medication includes Norco. The diagnosis was closed fracture of unspecified part of tibia, left leg, late effects of motor vehicle accident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 5 weeks for the Thoracic/Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar and Thoracic (Acute and Chronic Updated 5/12/14)

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), Low back, Physical therapy

Decision rationale: According to the Chronic Pain Medical Treatment 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. The guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy and 10 visits over 8 weeks for lumbar sprains and strains, or lumbago/backache. Guidelines state the physical medicine plan should 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, documentation is limited. There is little to no documentation of any significant improvement in terms of objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the worker utilizing a home exercise program. At this juncture, this injured worker 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 an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the amount recommended by guidelines. Therefore, the request is considered not medically necessary or appropriate.

Physical Therapy 3 x per week x 3 weeks for the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle Foot

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 and Foot, Physical therapy

Decision rationale: According to the Chronic Pain Medical Treatment 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. Official Disability Guidelines allow 9 visits over 8 weeks for ankle/foot sprain, and 21 physical therapy visits over 16 weeks for ankle fracture. The Chronic Pain guidelines state the physical medicine plan should 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, documentation is limited. There is little to no documentation of any significant improvement in terms of objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the worker utilizing a home exercise program. There is no evidence of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the amount recommended by guidelines. Therefore, the request is considered not medically necessary or appropriate.

Physical Therapy 3 x per week x 4 weeks for the Cervical Spine and Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Last Updated 5/30/14)

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), Neck, Physical therapy

Decision rationale: According to the Chronic Pain Medical Treatment 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. Official Disability Guidelines recommend 9 physical therapy visits over 8 weeks for intervertebral disc disorders without myelopathy. There is no evidence of presentation of any new injury or surgical intervention. Moreover, additional physical therapy visits would exceed the amount indicated by the guidelines criteria. Furthermore, there is no mention of the worker utilizing a home exercise program. Therefore, the request is considered not medically necessary or appropriate.