MAXIMUS Federal Services

Case Number:	CM14-0097885		
Date Assigned:	07/28/2014	Date of Injury:	02/09/2012
Decision Date:	10/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 02/09/2012. The mechanism of injury was not indicated in the medical records. The injured worker had a diagnosis of plantar facial Fibromatosis. Prior treatment included physical therapy sessions. Diagnostic studies were not included in the medical records. Surgical history was not included in the medical records. The injured worker complained of left foot pain and left heel pain. The clinical note dated 05/20/2014 reported that the injured worker had not started physical therapy yet. The injured worker continued to have hip pain and was unable to perform normal daily activities or physical therapy due to pain in her left heel. The injured worker had pain upon palpation of the left medial calcaneal tubercle area, and there was pain at the insertion of the medial band of the plantar fascia of the calcaneus. There was no arrhythmia, edema, or signs or symptoms of infection. The injured worker's pain did not radiate into the arch. The injured worker's medication regimen included tramadol and Prilosec. The treatment plan included a request for physical therapy 2 times 4 and decision for compound pain ointment, ingredients unknown. The rationale for the request was not provided within the documentation. The Request for Authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4: Upheld

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

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

Decision rationale: The request for physical therapy 2x4 is not medically necessary. The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker complained of neck and lower back pain and the documentation indicated that she had been approved for physical therapy for the low back. However, details regarding her prior treatment, including the number of visits completed, and objective functional gains obtained, were not provided. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Further, the request failed to indicate the number of visits planned. Therefore, despite evidence of current objective functional deficits in the lower back and neck, due to the lack of documentation regarding previous physical therapy and the specific number of visits being requested, the request is not supported. As such, the request for physical therapy 2x4 is not medically necessary.

Compounded pain Ointment (ingredients Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Compounded pain Ointment (ingredients Unknown) is not medically necessary. The injured worker complained of neck and lower back pain. The California MTUS Guidelines stated that a largely experimental in use with few randomized controlled trials to determine efficacy or safety. Medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The submitted request does not indicate the ingredients in the requested compound. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.