

Case Number:	CM14-0099108		
Date Assigned:	07/28/2014	Date of Injury:	03/04/1992
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 03/04/1992 due to unspecified mechanism of injury. The injured worker had a history of lower back pain and left ankle radicular pain. The injured worker had a diagnosis of lower extremity neuropathic pain. Prior surgical procedures included a status post L5-S1 discectomy and fusion with residual right foraminal narrowing and a status post left ankle fusion with progressive pain. The past treatments included medication, ankle brace, and physical therapy. No diagnostics provided. The objective findings dated 06/04/2014 of the left ankle revealed left ankle edema with some skin thinning, allodynia bilateral to the plantar feet, no significant range of motion, minimal weightbearing. The medication included Celebrex 100 mg, Percocet, OxyContin 80 mg, Cymbalta 50 mg, and Lyrica 100 mg. No VAS provided. The treatment plan included ice ankle, CT scan, and physical therapy. The request for authorization dated 07/28/2014 was submitted with documentation. The rationale for the physical therapy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 to bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation.

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

Decision rationale: The request for physical therapy x 6 to bilateral feet is not medically necessary. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical note did not indicate if the injured worker had had physical therapy prior, it is unclear. The clinical note did not document the measurable pain. The clinical note indicated that the injured worker was doing home exercises. However, no documentation for followup. The handwritten clinical notes were partly illegible. As such, the request is not medically necessary.