

Case Number:	CM14-0111810		
Date Assigned:	09/22/2014	Date of Injury:	03/20/2009
Decision Date:	01/02/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 64 year old employee with date of injury of 3/20/2009. Medical records indicate the patient is undergoing treatment for ankle/foot arthralgia; low back pain; foot bunion; lumbar vertebral fracture and closed calcaneus fracture. Subjective complaints include low back pain with the inability to bend over. Pain to the lumbar spine is prolonged with standing, sitting and walking. He rates his pain 6-7/10. Pain on the right foot will worsen with prolonged standing. He complains of foot cramping. Objective findings include paracervical and trapezius spasm and slight motion restriction in all planes. He has limited range of motion with pain in all directions in the left shoulder. The left shoulder has 3+ tenderness at the rotator cuff insertion and muscle strength is 3/5. The lumbar spine has moderate motion restriction with paraspinous spasm. There is a palpable subcutaneous mass in the right parathoracic region which may be a lipoma. The ankle/foot shows right soft tissue swelling at the hindfoot and tenderness in the right foot bunionette and lateral hindfoot and limited range of motion. A cervical spine x-ray on 10/2/13 that revealed C5-C6 and C6-C7 disc narrowing with neuroforaminal narrowing. A lumbar spine x-ray on 10/2/13 revealed decreased space at L5-S1 with prior kyphoplasty at L1. A right foot x-ray on 10/2/13 revealed bunionette deformity of the fifth metatarsal with subtalar fusion (with retained screws) and moderate calcaneocuboid joint narrowing. Treatment has consisted of Ketoprofen cream, Lidoderm patches and Tramadol. She has had home health care, right ankle injection, orthotics, orthopedic care and acupuncture. The utilization review determination was rendered on 6/17/2014 recommending non-certification of Physical therapy 2 x 6, lumbar spine, Transportation to and from all physical therapy appointments and a bone density test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the date of injury was in March 2009 and the patient has had an unknown number of previous physical therapy treatments. The patient should be familiar with a home exercise program. The treating physician has not documented a new injury or re-injury to the lumbar spine. The treating physician has not provide evidence of significant findings on physical exam or functional limitations to support additional physical therapy visits. As such, the request for Physical therapy 2 x 6, lumbar spine is not medically necessary.

Transportation to and from all physical therapy appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation-Knee & Leg Procedure summary last updated 06/05/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Transportation to and from medical appointment

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The treating physician has not provided evidence of significant functional deficits on physical exam that would prevent the patient from utilizing public transportation. In addition, the treating physician did not provide evidence that the patient does not have family members to assist or an adapted vehicle for self-transport. The treating physician does not provide enough information to satisfy guidelines. As such, the request for

Transportation to and from all physical therapy appointments is not medically necessary at this time.

Bone density test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation-Low Back Procedure Summary last updated 05/12/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan

Decision rationale: ODG states that bone scans are "not recommended, except for bone infection, cancer, or arthritis." The medical documentation does not indicate concerns for bone infection or arthritis. ACOEM states that imaging studies may be recommended if there is an "Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an invasive procedure". Medical documents provide not that the patient has had a previous bone density scan that showed severe osteopenia. However, the treating physician has not provided documentation of a worsening of symptoms, reinjury or evidence of bone infection, cancer, or arthritis. As such, the request for Bone density test is not medically necessary.