

Case Number:	CM14-0059878		
Date Assigned:	07/09/2014	Date of Injury:	04/10/2008
Decision Date:	05/27/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 52-year-old male, who sustained an industrial injury on May 22, 2003. He reported back, neck and shoulder pain. The injured worker was diagnosed as having lumbar and lumbosacral degenerative joint disease, degenerative disc disease, low back pain, lumbar spine stenosis, cervical spine pain, right shoulder pain and right shoulder biceps tendinitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, physical therapy, heat and cold therapy, acupuncture, chiropractic care, spinal traction, TENS unit, medications and work restrictions. Currently, the injured worker complains of continued back, neck and right shoulder pain, with associated weakness, numbness and tingling in the bilateral lower extremities all the way to the feet, depression, anxiety, frustration and insomnia. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He reported jumping down out of a piece of equipment, getting the feet hung between the tires and falling to the ground. He noted feeling paralyzed from the waist down and having to drag himself to his truck, pull up with the upper body and coast the truck down a hill toward his home to get help. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued pain as noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, Ankle & Foot (Acute & Chronic) Physical Therapy Tarsal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Physical Therapy, Tarsal Tunnel Syndrome.

Decision rationale: According to Official Disability Guidelines, Ankle and Foot, Tarsal Tunnel syndrome recommends 10 visits of postoperative physical therapy with 1/2 initially authorized over 5 weeks. In this case, the request exceeds the recommended 5 visits. Therefore, the request is not medically necessary.