

Case Number:	CM14-0084897		
Date Assigned:	07/23/2014	Date of Injury:	01/03/2013
Decision Date:	05/28/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 30 year old female, who sustained an industrial injury on 1/03/2013. She reported injury to her feet, lower extremities, knees, lumbar spine, and cervical spine, as a result of repetitive activities. The injured worker was diagnosed as having lumbar sprain, thoracic or lumbosacral neuritis or radiculitis, unspecified, pain in joint, ankle and foot, and tenosynovitis of foot and ankle. Treatment to date has included diagnostics, physical therapy (dates and progress notes not noted), chiropractic, and medications. A progress report dated 9/24/2013, noted that the injured worker had been skateboarding, as well as surfing, but did not feel able to return to work. Several documents within the submitted medical records are difficult to decipher. Currently, the injured worker complains of bilateral calves cramping while sleeping. Her gait was within normal limits and she moved about gingerly. Work status was modified with restrictions. The treatment plan included physical therapy (3x4) to bilateral feet, cervical spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the bilateral feet, and cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-

Physical Therapy Guidelines Ankle and foot (Acute and Chronic) Low back, Lumbar and Thoracic (Acute and Chronic).

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the bilateral feet, cervical spine and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine sprain; lumbar spine sprain/strain with bilateral lower extremity radiculopathy; bilateral hand pain; and right foot tenosynovitis. Subjectively, according to an April 29, 2014 progress note, the documentation is largely illegible. It states the injured worker may require PT/acupuncture trial. The injured worker is unable to complete EMG/NCV secondary to pain. Objectively, there is "no change in the physical examination since March 26, 2014." There is a physical examination check the box format that states normal gait. The treating provider requested 12 sessions of physical therapy 3 times per week times 4 weeks. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating provider exceeded the recommended guidelines by requesting 12 sessions of physical therapy. There is no clinical rationale for physical therapy to the lumbar spine and cervical spine in the record. Consequently, absent compelling clinical documentation for 12 initial physical therapy sessions in excess of the recommended guidelines (a six visit clinical trial), 12 sessions physical therapy to the bilateral feet, cervical spine and lumbar spine is not medically necessary.