

Case Number:	CM15-0011160		
Date Assigned:	01/29/2015	Date of Injury:	11/12/2010
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 11/12/2010. The mechanism of injury reportedly occurred when the patient twisted his left ankle. His diagnoses included lumbago. The past treatments included past physical therapy. Diagnostic studies included an official MRI of the bilateral hips, performed on 07/09/2014, which was noted to reveal osteoarthritis bilaterally and mild pelvic tilting; and an official MRI of the lumbar spine, performed on 07/15/2014, which was noted to reveal bilateral sacroiliac joint osteoarthritis with no abnormal findings. On 11/14/2014, the patient reported continued pain to the left ankle and back. He reported back pain shooting down both sides, all the way down to his ankles. Physical examination revealed cavovarus foot posture, mild pain over the peroneal tendons, with normal sensation and instability. Current medications were not specified. The treatment plan included physical therapy. A request was received for physical therapy, 8 sessions for the left ankle and right foot. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 Sessions (2x4) Left Ankle and Right Foot: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend up to 10 visits of physical therapy for myalgia and myositis. The clinical information indicated that the patient has completed previous physical therapy. However, there was no documentation with the exact number of sessions completed to date. In addition, there was no documentation with quantified evidence of functional improvement with previous physical therapy. Furthermore, there was no documentation with evidence of significant objective functional deficits to warrant continued physical therapy. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Physical Therapy 8 Sessions (2x4) Left Ankle and Right Foot is not medically necessary.