

Case Number:	CM15-0012776		
Date Assigned:	01/30/2015	Date of Injury:	06/07/2013
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male, who sustained an industrial injury on 06/07/2013. The documentation provided by treating physician did not indicate the mechanism of injury. Diagnoses included lumbar sprain/strain, shoulder sprain/strain, ankle sprain, cervical sprain/strain, headache, and major depression not specified. Treatment to date has included magnetic resonance imaging of the lumbar spine, right ankle, and left ankle, psychotherapy, medication regimen, use of transcutaneous electrical nerve stimulation unit, home exercise program, and cortisone injection to the left ankle. In a progress note dated 11/30/2014 the treating provider reports low back pain that radiates to the left lower leg along with neck and bilateral shoulder pain. The documentation provided did not contain the current requested treatment for physical therapy. On 01/12/2015 Utilization Review modified the requested treatment of physical therapy two times a week times four weeks to the bilateral lower extremities to physical therapy six visits over four weeks to the bilateral lower extremities, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, page 99 and Official Disability Guidelines, Ankle & Foot (updated 12/22/2014), Physical Therapy (PT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 4 wks for bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle & Foot

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Ankle Chapter, PT

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation from the utilization review teleconference that this is new physical therapy. The progress notes indicate a diagnosis of Achilles' tendinitis, which would warrant up to 9 visits of PT per ODG. Therefore, the current request for physical therapy is medically necessary.