

Case Number:	CM15-0016804		
Date Assigned:	02/05/2015	Date of Injury:	06/27/2012
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 6/27/2012. The diagnoses have included lumbar sprain/strain, lumbar radiculitis and left ankle distal fibula fracture. Treatment to date has included physical therapy, acupuncture and pain medications. Surgical history has included open reduction internal fixation of left ankle on 7/6/2012, hardware removal 4/1/2013. According to the Primary Treating Physician's Progress Report dated 12/22/2014, the injured worker had a chief complaint of constant pain over the lumbar spine radiating to the posterior bilateral thighs/legs. She also complained of constant numbness and tingling in both legs/feet. The injured worker complained of constant pain on the left ankle that radiated to the sole of the foot and sharp pain radiating to the left calf. Medications included Tramadol, Nabumetone, Hydrocodone and Clonazepam. Objective findings included spasms on the left over the lumbar spine with tenderness bilaterally. There was mild tenderness to palpation over the left medial and anterior ankle. The injured worker was noted to have residual weakness in the left ankle likely affecting the lumbar spine. Authorization was requested for physical therapy two times a week for four weeks for the lumbar spine and left ankle. She had undergone 12 sessions of physical therapy of the lumbar spine and 9 sessions for the ankle in 2013. On 1/8/2015 Utilization Review (UR) modified a request for Physical Therapy Two Times a Week for Four Weeks for the Lumbar Spine and Left Ankle to Physical Therapy, Two Sessions. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the lumbar spine and left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): Chapter 4.5, article 5.5.2.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The injury and surgeries were over a year ago and post-surgical guidelines recommend consecutive therapy sessions. Consequently, additional therapy sessions are not medically necessary.