

Case Number:	CM15-0017724		
Date Assigned:	02/02/2015	Date of Injury:	04/03/2013
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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, Hawaii
 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 64 year old female, who sustained a work/ industrial injury on 4/3/13 that had a gradual onset. She has reported symptoms of pain to low back, right hip, and right leg with radiation to the foot and toes. Prior medical history was not documented. The diagnoses have included Morton's neuroma of left foot, fracture of metatarsal, and lumbago. Treatments to date included medication and physical therapy. Diagnostics included a Magnetic Resonance Imaging (MRI) from 4/25/14 that reported at L3-4 mild bilateral neural foraminal narrowing with mild canal stenosis; L4-5 moderate right neural foraminal narrowing with a 6 mm right paracentral disc extrusion impinging on the descending right L5 nerve root. The MRI of 1/3/14 of the left foot tuberosity avulsion fracture base of 5th metatarsal healed with mild arthrosis of the first metatarsophalangeal joint. An EMG/NCV from 5/8/14 reported chronic right L5 radiculopathy with evidence of right distal perineal neuropathy at the ankle. Examination noted flexion at 60 degrees and extension at 15 degrees with pain at end of range. Straight leg raises was positive. The treating physician requested to continue outpatient physical therapy sessions to the lumbar spine. On 12/29/14 Utilization Review non-certified Continue outpatient Physical Therapy 2 x week x 6 weeks to the lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue outpatient physical therapy (PT) 2 times a week over (6) weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in workers compensation, 2014 web-based edition

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

Decision rationale: The patient presents with pain in the low back and right hip with tingling and numbness that radiates down the right leg into the foot and toes. Additionally, there is pain in the left foot at the area of fracture and bottom of foot. The current request is to continue outpatient physical therapy (PT) 2 times a week over 6 weeks to the lumbar spine. The treating physician states on 12/12/14 (B23) "Physical therapy 2 times a week for 6 weeks and home exercise program" continuing on 1/29/15 (B7) "Physical therapy decreasing pain, decreasing medication usage, allow her to continue working". MTUS guidelines for physical therapy recommend 8-10 sessions for myalgia and neuritis type conditions. When reading ODG guidelines for additional discussion, 6 initial therapy visits and up to 9 visits over 8 weeks are recommended with improvement. In this case, there is a request for 12 sessions. The clinical records provided indicate a history of 12 sessions already performed. Therefore, the current request for 12 additional sessions exceeds what MTUS allows for this type of condition, and exceeds what is recommended by ODG. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. The current request is not medically necessary and the recommendation is for denial.