

Case Number:	CM15-0119226		
Date Assigned:	06/29/2015	Date of Injury:	12/12/2005
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented Los Angeles Unified School District (LAUSD) employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of December 12, 2005. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for 18 sessions of physical therapy and extra depth shoes. The claims administrator referenced a June 9, 2015 progress note in its decision. The applicant's attorney subsequently appealed. On May 26, 2015, the applicant reported multifocal pain complaints, including ankle pain, neck pain, mid back pain, shoulder pain, low back pain, lower extremity paresthesias, plantar flexion contracture of the left ankle and right foot drop, reportedly attributed to lumbar radiculopathy status post earlier lumbar spine surgery. 18 sessions of physical therapy and a new pair of shoes to accommodate the applicant's orthotics were suggested, along with 18 sessions of physical therapy. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant did have psychological comorbidities, it was acknowledged. One of the ancillary diagnoses given was knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6 for right foot/ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 18 sessions of physical therapy at issue, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The attending provider did not furnish a clear or compelling rationale for such a lengthy, protracted course of treatment well in excess of the MTUS parameters. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant's response to earlier physical therapy was not clearly detailed or characterized. The attending provider did not furnish the applicant's work status on the May 26, 2015 progress note. It was not clearly stated how much prior therapy the applicant had. It was not clearly stated what the applicant's response to the same was. It was not clearly stated how the applicant did obtain benefit from further physical therapy, going forward. Therefore, the request was not medically necessary.

New Balance Extra depth shoe for right foot/ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: Conversely, the request for a new pair of extra depth shoes for the foot and ankle was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, soft, supportive shoes are "recommended" as an option in the treatment of plantar fasciitis, one of the diagnosis seemingly present here. The attending provider further suggested that the applicant needed extra wide and extra deep shoes to accommodate indwelling orthotics. Provision of the shoes in question was, thus, indicated to ameliorate the applicant's various issues with fasciitis, tendonitis, and/or associated orthotics. Therefore, the request was medically necessary.