

Case Number:	CM15-0069404		
Date Assigned:	04/17/2015	Date of Injury:	05/02/2007
Decision Date:	05/18/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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

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 56 year old female who sustained an industrial injury on 5/2/07. She has reported initial complaints of back and left ankle pain after a fall to the ground. The diagnoses have included lumbosacral radiculopathy and left ankle tendonitis/bursitis. Treatment to date has included medications including compounded creams, diagnostics, custom orthotics, physical therapy and chiropractic. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, x-rays of the lumbar spine and left ankle and labs. The current medications included Norflex, Prilosec, and Ibuprofen. Currently, as per the physician progress note dated 2/24/15, the injured worker returned for appointment after getting a lumbar epidural injection the week before. The injured worker reported partial relief in the lumbar pain and range of motion. She reports continued pain and weakness in the left ankle as well as radiation of the low back pain into the left leg. The physician noted that they are awaiting results of an updated Magnetic Resonance Imaging (MRI) of the lumbar spine. She was previously provided with custom made orthotics and advised to continue with exercises to strengthen the ankle. It was also noted that she was provided with cream to apply over the foot and ankle, advised to continue with exercises and wear the orthotics. She was also provided with an Unna boot. The physical exam revealed lumbar spasm, tenderness and some increased range of motion as compared to previously. She walks with antalgic gait due to left ankle pain. There was decreased range of motion in the left ankle and loss of motor strength in the left ankle. The physician noted that she was motivated to learn an at home exercise program to fit her current

needs .The physician requested treatment included Physical therapy 3 times a week for 4 weeks for the lumbar spine, left lower extremity, and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the lumbar spine, left lower extremity, and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond recommended quantity for re-education of exercise program when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 3 times a week for 4 weeks for the lumbar spine, left lower extremity, and left ankle is not medically necessary and appropriate.