

Case Number:	CM13-0038150		
Date Assigned:	12/18/2013	Date of Injury:	07/26/2013
Decision Date:	04/18/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old with an injury date on 07/26/13. Based on the 08/23/13 PR-2 provided by [REDACTED], the patient's diagnoses include post-traumatic headaches, post-traumatic anxiety, lumbar spine sprain rule out disc protrusion, abdominal pain rule out umbilical hernia, right thigh contusion, left knee sprain, and bilateral ankle/foot sprain. Examination of the lumbar spine revealed positive tenderness with muscle spasms over the paraspinal muscles, bilaterally. The patient toe-and-heel walks with back pain. The patient squats with back pain. The lumbar spine range of motion ranked as 50/100% in flexion, extension, right/left lateral bending, and right/left rotation. Examination of the right thigh revealed positive tenderness to palpation over the anterior muscles. Examination of the left knee revealed mild swelling. There is positive tenderness on palpation over the medial joint line. Range of motion of the left knee is painful and restricted. Examination of the bilateral ankle and foot revealed positive tenderness over the medial and lateral malleolus and plantar fascia. Range of motion is painful at extreme ranges of motion. No previous therapy reports were provided to verify exact number of treatments and the time-frame. There are no previous physical therapy sessions mentioned in any of the progress reports provided. [REDACTED] is requesting physical therapy 2 x 8 weeks for the low back, right thigh, left knee and bilateral ankle/foot. The utilization review determination being challenged is dated 09/17/13 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 08/23/13- 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X8 WEEKS FOR THE LOW BACK, RIGHT THIGH, LEFT KNEE AND BILATERAL ANKLE/FOOT: Upheld

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

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

Decision rationale: The employee presents with low back pain, right thigh pain, left knee pain, and bilateral foot pain. The request is for physical therapy 8 sessions. Review of the reports shows no previous therapy reports to verify treatment history. The MTUS guidelines indicate that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 16 total sessions of therapy for the employee's lower back, right thigh, left knee, and bilateral ankle/foot. Given the lack of recent therapy treatments, a short course of treatment may be reasonable if the employee is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 16 sessions exceeds what is allowed according to the MTUS guidelines. Recommendation is for denial.