MAXIMUS Federal Services

Case Number:	CM13-0039472		
Date Assigned:	12/18/2013	Date of Injury:	03/30/2011
Decision Date:	03/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine, has a subspecialty in Pallative Medicine and is licensed to practice in Arizona. 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:

This 41 year old male patient injured his right lower extremity at work on March 30, 2011, when his right leg fell into an auger in a rice silo resulting in a right below the knee amputation. The amputation was revised on the date of injury with primary closure. He was discharged from the hospital after four days. He was fitted with right a lower extremity prosthesis on May 2011. According to his Agreed Medical Examination note of 2/2011, he had a course of physical therapy in December of 2011. There is no other documentation in the record of the location, therapy or duration of the therapy. The patient was fit with a new prosthesis on his right lower extremity in April 2012. He continued to report pain in his back and left knee. According to the Agreed Medical Examination note of 2/2011. "The patient states that he had one injection to the left knee which helped for about three weeks." Also in the AME: "04/06/12 Exam: MRI Left Knee. IMP: Medial Meniscal tear and Mild degenerative joint disease. No other abnormalities." Replacement knee prosthesis was made as of 9/2013. Physical therapy for the L knee was requested on 9/12/2013. Plan of treatment on that day states "Address the L knee so can be able to better handle the load of the R knee through PT being done." Pain reported was back pain 5/10, lower back pain 4/10, constant right leg pain 7/10, and left knee pain 6/10. He is able to ambulate with a cane and prosthesis and walks with a limp, weight primarily borne on the left side. Pertinent physical exam findings include R leg amputation and "he has tenderness of the L knee as well."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x8 to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, page(s) 98-99. Post-Surgical Treat.

Decision rationale: This patient has exceeded the Post Surgical Treatment Guidelines physical medicine treatment period of eight months. There is lack of documentation of the type, dates and duration of physical therapy and any outcomes this therapy except as noted in the above summary. Per the MTUS Chronic Pain Medical treatment guidelines, Physical Medicine topic, physical therapy is an option for some conditions for 8-10 visits. This request is for 16 visits over an 8 week period. This is outside of the MTUS recommendations and is not medically necessary.