

Case Number:	CM13-0068054		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2009
Decision Date:	05/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 an employee of [REDACTED] and has submitted a claim for right leg pain and weakness with an industrial injury date of February 5, 2009. Treatment to date has included physical therapy, acupuncture and medications which include Lidoderm patch, Dendracin lotion. Medical records from 2012 to 2013 were reviewed, the latest was dated December 4, 2013, which reveals that the patient's symptoms are improving with therapy but she still has pain and weakness of the right leg. On examination of the right lower extremity, there is swelling of the calf with noted tenderness of the proximal tibialis and anterior tibialis. There was noted limitation in range of motion with flexion up to 127 degrees and extension at 0 degree.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY EVAL/TREAT (X4): Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that fading of treatment frequency (from up to 3 visits per weeks to 1 or less), plus active self-directed

home physical therapy is recommended. In this case, the total number of physical therapy sessions completed was not indicated. Also, there was no documentation of pain relief and functional improvement with the previous sessions, therefore, the request for additional physical therapy evaluation/treatment (x4) is not medically necessary.