

Case Number:	CM14-0004266		
Date Assigned:	02/05/2014	Date of Injury:	07/13/2012
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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:

Patient is an employee of [REDACTED] who has submitted a claim for left hip, right knee and chronic low back pain s/p open reduction internal fixation of right femur done on 7/17/12 associated with an industrial injury date of 7/13/2012. Treatment to date has included, physical therapy with a total of 32 sessions completed, epidural injection in the right hip, activity restrictions. Medications taken were anti-inflammatories and muscle relaxants. Medical records from 2012 to 2013 were reviewed which revealed consistent left wrist, right knee, and hip pain graded 6/10 at rest, and 7/10 with activity. He was not able to stand from a seated position. There was ongoing significant loss of motion and weakness of the left wrist. Physical examination of the shoulder showed no evidence of atrophy, or asymmetry bilaterally. No visible subluxation of the glenohumeral joints bilaterally. No deformity of the clavicle or acromioclavicular joints bilaterally. No visible winging of the scapula bilaterally. Ranges of motions of shoulder are all normal in all planes. No myofascial, acromioclavicular joint, biceps and supraspinatus tendon tenderness noted. Apprehension, Posterior Apprehension, Sulcus sign, Speed, Yergason, Drop Arm and Impingement test were all negative. Elbow exam showed normal ranges of motions in all planes. No visible deformity and tenderness noted. Tennis elbow, Golfer, Tinel and Pronator Teres tests were negative. Examination of the wrist/hand showed limited range of motion on the left wrist and normal ROM on the right. Tenderness was noted over the left wrist. Tinel, Phalen, Finkelstein, Scaphoid Shift, CMC Grind tests were all negative. Hip physical examination showed tenderness at the right outer hip joint and greater trochanter. Patrick/Faber and Trendelenburg tests were negative bilaterally. Gait of the patient was antalgic. He was unable to walk on toes and heels due to right hip, thigh and knee pain. Utilization review from 12/31/13 denied the request of 12 additional physical therapy sessions for the right lower extremity (RLE), 2 times per week for 6 weeks because there is no

documentation of objective functional improvement, including return to work, increased participation in an active home exercise program as well as decreased reliance upon pain medication noted in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT LOWER EXTREMITY (RLE), TWO TIMES PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Improvement,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: Chronic Pain Medical Treatment Guidelines, 2009 Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient underwent physical therapy since September 24, 2012 and completed a total of 32 sessions. There was report in the progress notes that patient had improvement with physical therapy. However, for his right leg it was reported that he has fair prognosis for continuation of PT. In addition to this, there is no documentation in the records that he participated in home exercise program. Therefore, the request for 12 additional physical therapy sessions for the right lower extremity (RLE), 2 times per week for 6 weeks is not medically necessary.