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| Case Number: | CM14-0104541 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/02/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Physical Medicine & Rehab 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 injured worker is a 48-year-old male who sustained an industrial injury when falling 35 feet and landing on his feet on 4/2/2013. The injured worker's diagnoses include close fracture of carpal bone, joint pain, forearm pain, and ankle pain. The patient has a history of fractures of the right foot calcaneus, left foot 2nd and 3rd metatarsal, right tibia and fibula, and left fibula. Physical therapy notes from April 2014 are available and indicate the patient has undergone physical therapy to address wrist, hand, and forearm pain. The physical therapy has included wrist range of motion exercises, paraffin wax, ultrasound, and therapeutic exercises. A utilization review determination had noncertified the disputed request for physical therapy for the left ankle, knee, and right-hand. The stated rationale was that the patient had "extensive therapy in the past and it is not clear from the provided notes that the claimant is not capable of completing a home exercise program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 4 weeks to the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section> Page(s): 99.

Decision rationale: The patient's original date of injury was April 2, 2013, and the patient had polytrauma with multiple fractures. The patient had physical therapy requested on September 26, 2013 for 8 sessions to address this issue. The outcome of this physical therapy is not apparent in the submitted documentation. Without documentation of functional improvement or why the patient cannot tolerate a self-directed program of home exercises, this request is not medically necessary.

Physical therapy 2-3 times a week for 4 weeks to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section> Page(s): 99.

Decision rationale: The patient's original date of injury was April 2, 2013, and the patient had polytrauma with multiple fractures. The patient had physical therapy requested on September 26, 2013 for 8 sessions to address this issue. The outcome of this physical therapy is not apparent in the submitted documentation. Without documentation of functional improvement or why the patient cannot tolerate a self-directed program of home exercises, this request is not medically necessary.

Physical therapy 2-3 times a week for 4 weeks to the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section> Page(s): 99.

Decision rationale: Physical therapy notes from April 2014 are available and indicate the patient has undergone physical therapy to address wrist, hand, and forearm pain. There are notes that at least 7 sessions of physical therapy have been documented. The guidelines recommend tapering of physical therapy to transition to self-directed home exercises. In this case, there is no indication as to why the patient cannot trial a home exercise program. This request is not medically necessary.