

<b>Case Number:</b>	CM14-0013338		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 and Rehabilitation, 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:

According to the records made available for review, this is a 31-year-old male with a October 20, 2013 date of injury, and status post evacuation of deep thigh and lower leg hematoma, complex wound repair right thigh including debridement and irrigation November 5, 2013. At the time of request for authorization for physical therapy 3xwk x 6 wks right leg (January 22, 2014, there is documentation of subjective (mild to moderate pain) and objective (wounds still present over the lateral thigh and calf, diffuse tenderness and swelling around the entire knee, full extension, and flexion to a little over 100 degrees) findings, current diagnoses (resolving crush injury, right leg with thigh hematoma, resolving), and treatment to date (medications and physical therapy). The number of physical therapy visits completed to date cannot be determined. December 19, 2013 medical report identifies physical therapy is helping with knee mobility. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3XWK X 6 WKS RIGHT LEG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten visits over four to eight weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of pain in joint/effusion in joint not to exceed nine visits over eight weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of resolving crush injury, right leg with thigh hematoma, resolving. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of physical therapy visits completed to date. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Furthermore, given that the requested physical therapy three times per week for six weeks would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. The request for physical therapy for the right leg, three times weekly for six weeks, is not medically necessary or appropriate.