

Case Number:	CM14-0015874		
Date Assigned:	03/05/2014	Date of Injury:	04/18/2013
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 exam on 10/31/13 showed patient exhibits "antalgic gait favoring left lower extremity. The patient can flex-forward and touch within 6 inches of floor. Great deal of pain with palpation of left sacroiliac joint and left hip greater trochanter...Swelling in posterior aspect of left leg down to hamstring." According to 8/15/13 report, patient has completed 24 sessions of physical therapy in the past 3.5 months, showing 60% improvement and cessation of knee pain, but lingering left buttock pain that prevents patient from sitting normally. MRI on 9/25 showed 12mm subchondral cysts in femoral heads bilaterally, and evidence of mild bilateral gluteus medius tendinitis. On 12/6/13, patient received left L5-S1 lumbar epidural injection and left SI joint injection. [REDACTED] is requesting 12 additional sessions of physical therapy. The utilization review determination being challenged is dated 1/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/15/13 to 11/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL SESSIONS OF PHYSICAL THERAPY: 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, Page(s): 98-99.

Decision rationale: According to the 7/15/13 progress report by [REDACTED], this patient presents with "swelling in left thigh that radiates down into left knee - at end of day left knee swelling with possible baker's cyst. She describes symptoms of left hip pain after a ground level fall and now with new symptoms of left knee pain that is constant. Symptoms have been present since 4/18/13, originally occurring in the context of prior cervical spinal fusion, radiating down left leg into ankle and area of the trochanter." The request is for 12 additional sessions of physical therapy. The treating provider does not explain why additional sessions are needed, and patient already has completed 24 sessions of physical therapy without marked improvement. The requested amount exceeds California Labor Code limits of 24 physical therapy sessions for industrial injury. Furthermore, the MTUS guidelines allow 9-10 sessions for myalgia/myositis type of condition that this patient suffers from. The recommendation is for denial.