

Case Number:	CM14-0019779		
Date Assigned:	04/28/2014	Date of Injury:	08/22/2013
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Practice 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 50 year old female whose date of injury is 08/22/2013. The injured worker was pushing a machine in the gym and some chairs in the lobby and door to entry of lobby and noted right calf pain. MRI of the right calf dated 10/12/13 is a normal study. Ultrasound venous right lower extremity dated 09/17/13 revealed no evidence for deep venous thrombosis; there is a small fluid collection in the right calf at the site of the injury which may represent a small hematoma. The injured worker has completed a course of physical therapy. Initial orthopedic consultation dated 12/03/13 indicates that the injured worker complains of right knee give way. On physical examination there is right knee and calf tenderness to deep squeeze. Homan's is negative. There is no evidence of joint effusion. Range of motion is 0-115 degrees. There is pain over the posterior aspect of the knee to terminal extension. Straight leg raising produces hamstring tightness, considered negative for back involvement. Sensation is preserved. There is no instability. Follow up report dated 01/14/14 indicates that patient continues with significant subjective complaints. On physical examination the patient is non-tender to deep squeeze. Homan's is negative. Range of motion is 0-115 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT CALF:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee And Leg Chapter, Physical Medicine Treatment.

Decision rationale: Based on the clinical information provided, the request for physical therapy 2 times a week for 4 weeks for the right calf is not recommended as medically necessary. It is unclear how many sessions of physical therapy the injured worker has completed to date. There is no current, detailed physical examination submitted for review as the most recent follow up note submitted for review is dated 01/14/14. There are no specific, time-limited treatment goals provided. The injured worker's physical examination from 12/03/13 to 01/14/14 is largely unchanged. The Official Disability Guidelines support ongoing physical therapy with evidence of objective functional improvement. The injured worker's compliance with an active home exercise program is not documented.