

Case Number:	CM14-0119347		
Date Assigned:	08/06/2014	Date of Injury:	04/08/2014
Decision Date:	12/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 Emergency 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:

According to the records made available for review, this is a 40-year-old female with a date of injury on 04/08/2014. Documentation from 05/09/2014 indicated that the mechanism of injury was from walking and tripped over metal sticking out of a machine and subsequently caused an injury of a laceration to the right leg, a fall leading to an injury of the knees, and an injury to the right shoulder. Documentation from 04/23/2014 indicated the diagnoses of right contusion of the lower leg; complicated, multiple, and unspecified open wounds of the lower limb; cellulitis and abscess of other specified site; and pain in soft tissues of limb. Subjective findings from 04/23/2014 indicated a pain level of eight out of ten, complaints of persistent pain to the right lower leg to the top of the right foot. Physical examination was remarkable for pain and tenderness on palpation to the anterior distal lower leg to the dorsum of the foot. Physician documentation from 05/09/2014 noted complaints of pain rated a seven on a scale of one to ten that was described as a dull and aching type of pain in the right shoulder that radiates up the neck and down the arm and increases with lifting, carrying, pushing, or pulling over five pounds. The injured worker also had complaints of weakness, numbness, and tingling in the arm. Magnetic resonance imaging of the right ankle was performed on 07/02/2014 that was remarkable for a small joint effusion and osteoarthritic changes to the tibiotalar joint. Magnetic resonance imaging of the right knee was performed on 05/21/2014 that was remarkable for a joint effusion, lateral patellar tilt and subluxation with mild chondromalacia, mild tricompartmental osteoarthritic changes. X-ray performed on 05/28/2014 of the shoulder was remarkable for calcific infraspinatus tendinosis. Prior treatments offered to the injured worker included physical therapy, wound care, Anatomical Impairment Measurement, and a medication regimen. Medical records provided did not indicate a specific medication regimen. Physical therapy notation from 06/23/2014 indicated a functional limitations in activities of daily living

with bed mobility, lifting, pulling, squatting, pushing, reaching, walking outdoors, cleaning, kneeling, running, carrying, climbing stairs, and sitting, but noted improvements in driving, dressing, cooking, bathing, cleaning, sleeping, and walking. Physical therapy documentation also noted an increase in the injured worker's strength, range of motion, endurance level, and a decrease in pain, edema, and muscle spasms. Medical records from 05/09/2014 noted a work status of temporarily totally disabled. On 07/16/2014, Utilization Review non-certified the prescription of physical therapy times six visits to the right lower extremity. The physical therapy was non certified based on MTUS Chronic Pain Guidelines, Physical Medicine noting that physical medicine is to be continued upon objective evidence of improvement. Utilization Review indicated that the records lacked documentation noting ongoing objective functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 visits right lower extremity: 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: As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. However guidelines recommend additional sessions only with documentation of objective improvement. The provider has failed to provide any documentation to support additional physical therapy. Review of records show at least 6 PT sessions has been completed. PT checks off multiple boxes claiming improvement in function but the documented pain level is still very high at 7-8/10 with no improvement since initial sessions. Due to failure of provider to document objective improvement in function, additional physical therapy is not medically necessary.