

Case Number:	CM14-0129047		
Date Assigned:	08/18/2014	Date of Injury:	05/23/2013
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male who reported tumbling into and hitting a heavy object leading to bilateral lacerations of his lower legs on 05/23/2013. On 08/01/2014, his diagnoses included status post lacerations of both legs, post-traumatic lymphedema likely resultant from early developed cellulitis, hypertension due to use of medications, stress, erectile dysfunction due to stress, sleep impairment due to pain and increased frequency of urination, knees and ankle pain, swelling, change in color and rule out internal derangements. His treatment plan included a recommendation for physical therapy for lymphedema twice a week for 6 weeks, compression stockings, continue stretching exercises for the lower back and legs and water exercises to help strength and eliminate swelling in the legs. On 05/05/2014, it was noted that chronic lymphedema, which this injured worker had, was an incurable condition and there was no specific therapy, other than supportive care and compression stockings, with wound care as needed for non-healing ulcers that may develop due to the trauma. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 12 physical therapy sessions for the bilateral lower extremities is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, and range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The requested 12 visits of physical therapy exceeds the recommendations in the guidelines. Therefore, this request for 12 physical therapy sessions for the bilateral lower extremities is not medically necessary.