

Case Number:	CM14-0170295		
Date Assigned:	10/20/2014	Date of Injury:	03/29/2014
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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:

The injured worker is a 65-year-old male who reported an injury on 03/20/2014. The mechanism of injury was due to a motor vehicle accident. Past medical treatments consist of physical therapy and medication therapy. Medications consist of Ambien and Prilosec. Diagnostics consist of MRIs of the lumbar spine, left ankle, left knee; and x-rays of the left knee and left ankle, cervical spine, and lower extremities. The injured worker has also undergone NCS/EMG. On 07/22/2014, the injured worker complained of insomnia, gastritis, and headaches. There were no functional deficits or abnormal findings on physical examination. Treatment plan is for the injured worker to continue with physical therapy of the left lower leg. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 5 weeks, Left Lower Leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 08/25/14)

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

Decision rationale: The request for physical therapy 2 times a week for 5 weeks for the left lower extremity is not medically necessary. The California MTUS Guidelines state that physical active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from the therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are also instructed to continue with an active home exercise program. The guidelines recommend a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted indicated that the injured worker had previous physical therapy. However, details regarding the injured worker's prior treatment, including number of visits completed and objective functional gains obtained were not provided. Based on the lack of objective evidence and functional improvement from the previous visit, the appropriateness of additional physical therapy cannot be established. Furthermore, there was no indication that previous physical therapy was helping the injured worker with any functional deficits. On physical examination, there was no pertinent evidence of functional deficits the injured worker was having at this time. Given the above, and lack of documentation submitted for review, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.