

Case Number:	CM14-0021504		
Date Assigned:	05/07/2014	Date of Injury:	08/29/2013
Decision Date:	07/14/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Pain Management 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 patient is a 70 year old male with date of injury 8/29/13. The treating physician report dated 1/27/14 indicates that the patient presents with pain affecting the left knee, left calf, Achilles and left ankle rated a 5/10 on a pain scale. The current diagnosis is sprains and strains on the left side of the knee and leg. The utilization review report dated 2/3/14 denied the request for physical therapy (PT) 6 sessions based on the rationale that the patient had previously had 12 PT sessions and there is no documentation of functional benefit from the prior sessions. As such, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS FOR LEFT LEG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

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

Decision rationale: The patient presents with continued left calf, knee, Achilles and left ankle pain 5 months post injury. The current request is for outpatient physical therapy 2 times per week for 3 weeks for left leg. In reviewing the records provided, it appears that the patient has

had 12 physical therapy sessions. The treating physician notes on 10/28/13 that the patient is improving with physical therapy with less swelling and less pain. The patient then experienced flaring of his condition as reported in the 11/25/13 report and request was made for MRI of the calf. The 1/27/14 report states, "MRI 1/24/14, Generalized swelling of the left calf. The fluid signal overlying the medial head of the gastrocnemius muscle with some fluid signal interposed between the medial head of the gastrocnemius muscle and the soleus muscle within the fascial plan with no definitive evidence for muscle strain or tear. The MTUS guidelines indicate that PT is recommended for relief of pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. For myalgia and myositis type conditions, MTUS recommends 9-10 visits. The treating physician in this case has documented that the previous PT received helped reduce pain and swelling. The current request for additional 6 visits is supported based on flaring of the patient's condition, positive MRI findings and previous positive response to care. The patient's injury is from 8/29/13 and additional treatments may be warranted during this subacute phase of recovery. As such, the request is medically necessary.