

Case Number:	CM14-0030611		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2012
Decision Date:	08/06/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Interventional Spine 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 38-year-old male with date of injury of 01/03/2012. The listed diagnoses per Dr. [REDACTED] dated 10/23/2013 are: 1. Lumbar radiculopathy. 2. Pain-related insomnia. 3. Primary coccidioidomycosis, a.k.a., valley fever. 4. Myofascial syndrome. 5. Neuropathic pain. 6. Pain-related sexual dysfunction. According to this report, the patient complains of burning pain in the left hip. The patient also states he gets a dull pain that radiates down to the left leg with numbness and tingling. The patient rates his pain 3/10 to 4/10 and an average of 6/10 to 10/10 over the preceding week. In this report, the treater failed to document any physical exam aside from the patient's blood pressure, pulse, respiration, height, and weight as well as temperature, BMI, and fat index. The utilization review denied the request on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for the left lower extremity: Upheld

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

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

Decision rationale: This patient presents with left hip pain. The treating physician is requesting eight physical therapy sessions for the left lower extremity. The California Medical Treatment Utilization Schedule (MTUS) Guidelines, page 98 and 99, on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The review of records do not show any recent or prior physical therapy reports to verify how many treatments were received and with what results. The progress report dated 11/15/2013 notes, the patient has started physical therapy, which seems to be helping him; at this time, I will continue his current regimen and assess after physical therapy to see what he needs additionally to get him to maximum medical improvement. The report dated 12/23/2013 documents that physical therapy has helped the patient quite a bit with improve leg numbness. He also states that he was not instructed on a home exercise program. The records show that the patient completed 6 physical therapy as of January 2014. While the patient reports benefit with physical therapy, the requested 8 in addition to the 6 that the patient completed recently, would exceed MTUS Guidelines. The patient should be able to start a self-directed home exercise program to improve strength and flexibility. The requested treatment is not medically necessary and appropriate.