MAXIMUS Federal Services

Case Number:	CM14-0037705		
Date Assigned:	07/14/2014	Date of Injury:	04/24/2010
Decision Date:	08/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 51 year old male whose date of injury is 04/24/2010. The injured worker reported that around January 2010 he noticed that he had occasional flu-like symptoms. It is reported that the injured worker's son was driving him to the clinic when he became less conscious. The injured worker was diagnosed with pneumonia, sepsis and required amputations throughout his body. The injured worker is status post bilateral below the knee amputation, left upper extremity at the mid humerus and right upper extremity above the level of the digits. Progress report dated 02/14/14 indicates that the injured worker requires minimal to moderate assistance with sit to stand transfers, getting in and out of cars, stepping up/down from a curb and walking out in community. It is reported that the injured worker met all physical therapy goals. There is 0-2/10 on the visual analog pain scale in the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (bilateral upper and lower extremities) three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation Knee & LegOfficial Disability Guidelines-Treatment for Workman's Compensation Elbow procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The submitted records indicate that the injured worker has completed at least 52 physical therapy sessions to date. The injured worker should be well-versed in a structured home exercise program at this time. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Per note dated 02/14/14, the injured worker has met all physical therapy goals. Therefore, ongoing physical therapy is not in accordance with Chronic Pain Medical Treatment Guidelines. As such, the request for additional physical therapy (bilateral upper and lower extremities) three times a week for four weeks is not medically necessary and appropriate.