

Case Number:	CM14-0037732		
Date Assigned:	06/25/2014	Date of Injury:	10/25/2010
Decision Date:	08/19/2014	UR Denial Date:	03/11/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 66-year-old male who sustained a remote industrial injury on 10/25/10 diagnosed with right below knee amputation with residual symptoms, left knee synovitis and chondromalacia, left ankle synovitis, cervical ligamentous and muscular strain, bilateral upper extremity strain, insomnia, stress, anxiety, and depression. Mechanism of injury occurred when the patient stepped on a piece of metal bar that was encrusted into the ground on a curve by a customer's driveway. The request for physical therapy to both lower extremities 2 x 6 was non-certified at utilization review due to the lack of information provided from the physician regarding what the patient's needs are regarding the patient's new prosthesis and why physical therapy is necessary. The most recent progress note provided is 07/02/14. This report is handwritten and barely legible. It appears the patient's complaints are not listed. Physical exam findings appear to reveal pain, stiffness, weakness, spasm, and decreased range of motion of the right knee/calf. Current medications are not listed. It is noted that the patient is using a cane and waiting for his final prosthesis. Provided documents include Review of Records reports that highlight the patient is benefiting from the physical therapy for ambulation with a temporary prosthesis, several previous progress reports, several ultrasound reports, a psychological report, and a physical therapy progress note. The patient's previous treatments include acupuncture, psychotherapy, right knee amputation, a temporary prosthesis, a final prosthesis, and physical therapy. Imaging studies provided include an MRI of the lumbar spine, performed on 06/10/11. The impression of this MRI reveals a 7-8mm bulge at L4-5 with posterior herniation of the nucleus pulposus indenting the anterior portion of the lumbosacral sac causing a 30% diminution in the sagittal diameter of the lumbosacral canal and a 4-5mm bulge at L5-S1 with downward protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac causing a 10% diminution in the sagittal diameter of the lumbosacral canal. An MRI of the cervical spine, performed on

06/10/11, also reveals a 5-6mm bulge at the C5-6 and C6-7 levels with posterior protrusion of the nucleus pulposus indenting the anterior portion of the cervical subarachnoid space causing a 20% diminution in the sagittal diameter of the cervical canal. An MRI of the right shoulder, performed on 05/17/11, reveals mild impingement with tendinitis while an MRI of the left ankle, also performed on 05/17/11, reveals evidence of a nondisplaced osteochondral fracture at the proximal lateral talus and hypertrophic changes at the posterior subtalar joint space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to bilateral lower extremities 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has participated in physical therapy for ambulation with a temporary prosthesis with reported functional improvement. However, the number of sessions completed is not specified. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Thus, medical necessity is not supported and the request for Physical therapy to bilateral lower extremities 2 x 6 is non-certified. It is noted that after the patient receives a final prosthesis, a few additional physical therapy sessions may be needed if the patient presents with severe limitations due to differences between a temporary and final prosthesis. These limitations would need to be specified along with specific physical therapy goals.