

Case Number:	CM14-0058900		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2001
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 01/17/2001. The injured worker slipped on stairs at work resulting in pain in her left knee and right ankle. Prior treatments include physical therapy, acupuncture, immobilizer, and an ankle foot orthosis. Surgical history was for an anterior cruciate ligament (ACL) reconstruction and an emergency surgery of the lower extremity fasciotomy due to a complication of the popliteal artery having been severed. There were no prior diagnostics submitted with the documentation. The injured worker complained of pain to the left foot and ankle. On physical examination dated 04/02/2014, the injured worker continued to have a trace of movement of her left toe extensors and flexors as well as sensory loss involving the distal left lower extremity with edema and erythema. It was noted the physical therapy improved the circulation in her left foot. The injured worker's medications were Lyrica 150 mg, Aciphex, tramadol 50 mg, and baclofen 10 mg. The Request for Authorization form was not submitted with the documentation for review. The rationale for the request was not submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (PT) 1 times 8 for left leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documentation indicated that she had previous physical therapy for the left lower extremity. However, details regarding his prior treatment, including number of visits completed, and objective functional gains obtained, were not provided to support additional therapy. As such, the request for is not medically necessary.