

<b>Case Number:</b>	CM14-0126267		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Rehab, 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:

The injured worker is a 32 year-old male with a date of injury of April 12, 2013. The patient's industrially related diagnoses include right s/p amputation of the leg below the knee, phantom limb syndrome, pyoderma granulosum of the left hand, and compensatory chronic low back pain. The injured worker had a right below-the-knee amputation on 4/14/2013. The disputed issue is a request for 24 physical therapy visits. A utilization review determination on 7/28/2014 had non-certified this request. The stated rationale for the denial was: "In the most recent visit, the patient stated that he has not had any type of rehabilitation with the prosthetic device to teach him how to walk and work with it and have strength in the leg. With this, it may be deemed that the requested physical Therapy is appropriate at this time. However, the current request is already for 24 sessions. The ODG Preface states that patient should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with further sessions). With this, the medical necessity of the requested service is not fully established."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Physical Therapy Visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official

Disability Guidelines Treatment in Worker's Compensation-Knee & Leg Chapter Post  
Replantation surgery

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the submitted medical records available for review, there was documentation that the injured worker started physical therapy for his right below-the-knee amputation on 11/22/2013 and completed a course of 18 sessions on 3/14/2014. At that time, specific objective treatment goals were identified. The physical therapist indicated that the stump was ready for fitting of prosthesis and gait training and recommended a PT facility that can accommodate that. Furthermore, in the AME report dated 4/23/2014, the physician recommended continued physical therapy for a course of desensitization so that he could eventually be fitted with a below knee prosthesis which would allow for return to work activities as well as reasonable function. The injured worker stated on 7/14/2014 that he had not had any type of rehabilitation with the prosthetic device to teach him how to walk and work with it and have strength in his leg. The ODG recommends 48 visits of physical medicine treatment for post-amputation. As the injured worker has completed 18 sessions, an additional 24 visits is appropriate especially with the specific goals stated in the progress notes. Based on the guideline recommendations and the available documentation, the current request for 24 physical therapy visits is medically necessary.