

<b>Case Number:</b>	CM15-0107832		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/31/2015
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 26-year-old male, who sustained an industrial injury on 1/31/2015. He reported and injury after falling and being struck by a machine. The injured worker was diagnosed as having crushing injury of the leg, and abrasion. Treatment to date has included medications, crutches, ankle support, and x-rays. The request is for physical therapy. On 2/2/2015, he complained of left hip/thigh pain, bilateral knee pain, and bilateral ankle/feet pain. He is noted to have tenderness to the left hip/thigh, and an ankle. He had full range of motion of the left hip/thigh, knees, and toes. He had restricted range of motion of the ankles. The treatment plan included physical therapy. There are no other medical records available for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 4 weeks for bilateral lower extremities:** 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 patient presents with left hip and bilateral lower extremity pain. The request is for PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS FOR BILATERAL LOWER EXTREMITIES. The request for authorization is not provided. Physical examination reveals tenderness to thigh and mild tenderness to greater/lesser trochanter. Pain in the bilateral knees with weight bearing. Erythema, scars and swelling of the knees and ankles/feet. Tenderness of ankle with restricted range of motion. Patient was dispensed crutches, ankle support and ace wrap. Patient's medications include Acetaminophen, Ibuprofen and Bactrim. Per progress report dated 02/02/15, the patient is on modified work. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the request for 12 sessions of physical therapy would exceed what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.