

Case Number:	CM15-0132979		
Date Assigned:	07/21/2015	Date of Injury:	02/09/2015
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii

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:

This 42-year-old female sustained an industrial injury on 2/09/15. She subsequently reported hip, knee and ankle pain. Diagnoses include sprain and strain of the knee/ leg, hip/ thigh and ankle. Treatments to date include x-ray and MRI testing, physical therapy and medications. The injured worker continues to experience painful and tight left calf, left ankle, left leg, left thigh, left buttock with spasms and swelling. Upon examination, there is pain, tenderness and swelling. No redness or ecchymosis noted. Gait is antalgic on the left side and left calf pain with swelling is noted. A request for Additional Physical Therapy 2x3 for the left calf, QTY: 6 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x3 for the left calf, QTY: 6: 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 continued painful and tight left calf, left ankle, left leg, left thigh, left buttock with spasms and swelling. The current request is for Additional Physical Therapy 2x4 for the left calf. The treating physician states, in a report dated 06/16/15, "Requesting: Authorization for additional Physical Therapy 2x3 weeks for Lt calf." (19B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has documented 15 prior Physical Therapy sessions the patient has completed and functional improvement is marginal. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.