

Case Number:	CM15-0139259		
Date Assigned:	07/29/2015	Date of Injury:	06/26/2014
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 47-year-old male patient, who sustained an industrial injury on June 26, 2014, incurring injuries to both legs, right shoulder, both knees and right thigh after a fall. He was diagnosed with a rupture of the quadriceps tendon with right quadriceps atrophy. Per the AME dated 6/17/2015, he had complaints of cervical pain with radiculitis, right shoulder pain, right and left elbow pain, lumbosacral pain, right thigh pain and right and left knee pain. Per the doctor's note dated 5/4/15, he had complaints of right thigh pain and bilateral knee pain. The physical examination of the right thigh revealed 4 cm gap in the midaspect of the right quadriceps muscles and weakness of the extension of the right knee. The medications list includes mobic and tramadol. He has had right thigh MRI dated 11/18/2014; X rays of the right thigh which revealed a torn thigh muscle. He has had an unspecified number of physical therapy visits and acupuncture visits for this injury. The treatment plan that was requested for authorization included physical therapy for six weeks for the right thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks right thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: Physical therapy 2 times a week for 6 weeks right thigh. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had an unspecified number of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited 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." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2 times a week for 6 weeks right thigh is not established for this patient at this time. The request is not medically necessary.