

Case Number:	CM15-0194023		
Date Assigned:	10/07/2015	Date of Injury:	03/02/2015
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 03-02-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right calf contusion and abrasion with subsequent hematoma and flap necrosis, cervical spine strain or sprain, depression, anxiety, and disturbed sleep. Medical records (04-30-2015 to 08-18-2015) indicate ongoing right leg pain with constant swelling. Pain levels were 3-4 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-18-2015, revealed tenderness along the lateral aspect of the right hip, and a well healing skin graft along the posterior aspect of the right calf. Relevant treatments have included: skin grafting surgery to the right posterior leg, physical therapy (PT), work restrictions, and pain medications. The PT progress notes state that the IW has made slow progress since beginning PT with pain being her biggest barrier to recovery. Continued limitations were reported as: limited range of motion, soft tissue restrictions, ankle and foot weakness, and gait dysfunction. Goals for additional PT included decreased pain, improve tissue mobility, improve ankle and foot stability, normalize gait, and return to prior function. The request for authorization (09-02-2015) shows that the following therapy was requested: additional 18 sessions of PT for the right calf. The original utilization review (09-10-2015) non-certified the request for 18 sessions of PT for the right calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 6wks for Right calf: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Burns.

Decision rationale: The patient presents with pain affecting the right leg. The current request is for Physical therapy 3xwk x 6wks for Right calf. The treating physician report dated 8/18/15 (22B) states, "Requesting authorization to continue Physical Therapy for the right calf 3xwk for 6 weeks." The MTUS-PSTG support 16 visits over 8 weeks for the treatment of burns. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 7 sessions of postoperative physical therapy previously (8C). The patient is status post right leg wound and skin graft on 3/10/15 (51B). In this case, the patient has received at least 7 sessions of physical therapy previously and the current request of 18 visits exceeds the recommendation of 16 visits as outlined by the MTUS-PSTG and the 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.