

Case Number:	CM15-0194893		
Date Assigned:	10/08/2015	Date of Injury:	09/02/2014
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 24 year old, male who sustained a work related injury on 9-2-14. A review of the medical records shows he is being treated for right stump pain and issues. Treatments have included physical therapy 24 sessions completed on 11-7-14 and 16 sessions physical therapy completed on 7-28-15. He reports 85% improvement in strength and decrease in pain with the most recent therapy. In the progress notes, the injured worker reports right stump pain. He has tingling, weakness, muscle twitching and difficulty with walking. In the objective findings dated 8-25-15, he is overweight. He appears in "slight distress" secondary to right stump pain. Skin of stump shows slight redness and no skin breakdown. He is temporarily totally disabled. The treatment plan includes referral for physical and occupational therapy and referral to a certified prosthetist. In the Utilization Review dated 9-4-15, the requested treatment of physical therapy 3 x 6 for right leg is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the right leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The claimant sustained a work injury in September 2014 with a right lower extremity crush injury resulting in a below knee amputation. His past medical history includes non-insulin-dependent diabetes. He is a successful below knee prosthesis user. He has received three courses of physical therapy totaling more than 50 sessions. When seen, he had been provided with a new prosthesis. He felt he was hitting the end of his residual limb when walking. He had tenderness without skin breakdown. Physical examination findings included a body mass index over 29. There was slight distal residual limb redness. Recommendations included following up with his prosthetist and continued physical therapy was requested. Temporary use of a walker and continued use of a wheelchair was recommended. After the surgery performed, guidelines recommend up to 48 visits over 26 weeks with a physical medicine treatment period of 12 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish a home exercise program. It reflects an increase rather than fading of skilled therapy services. The request is not medically necessary.