MAXIMUS Federal Services

Case Number:	CM15-0210544		
Date Assigned:	10/29/2015	Date of Injury:	08/14/2014
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/26/2015

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: Emergency Medicine

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 60 year old male with an industrial injury date of 08-14-2014. Medical record review indicates he is being treated for burn involving 10-19% of body surface with third degree burn of 10-19%. He presented on 08-11-2015 for follow up of his z-plasty scar contracture release of his upper right scapular back and right upper flank on 06-12-2015. He reported tightness in his right upper back and flank with overhead movements especially across his body. Work status (08-11-2015) is documented as "unable to return to work." Medications included Hydrocodone, Benadryl, Colace, Aquaphor ointment and Nicoderm CQ patch. Prior treatments included medications, surgery and physical therapy. The physical therapy note dated 02-27-2015 documents visits as 19. Physical exam (08-11-2015) noted full healing and improved range of motion with only deficit being overhead across body reaching. "Patient's burn, skin graft and z-plasty release incision is fully healed." On 09-24-2015 the request for physical therapy status post burn multiple body parts was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy s/p burn multiple body parts 3x8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per MTUS Postsurgical guidelines, burns may require up to 16weeks of physical therapy. Patient had reportedly completed up to 19 sessions with improvement in range of motion with some noted residual limitations. While additional PT may be necessary, a request for up to 24 additional PT sessions is excessive and far exceeds guideline recommendation. The request is not medically necessary.