

<b>Case Number:</b>	CM15-0210984		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	12/23/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: 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 41 year old male, who sustained an industrial injury on 12-23-14. The injured worker was being treated for right thigh gunshot wound. On 8-20-15 the injured worker complained of a new "knot" in his knee and on 9-10-15, the injured worker complains of numbness in anterior part of the thigh. There is no documentation of re-injury. He is temporarily totally disabled. Physical exam performed on 9-10-15 revealed quadriceps atrophy, weakness and problems with his knee giving out and normal distal pulses with normal motor function. MRI of right thigh performed on 8-5-15 revealed evidence of a gunshot wound. Treatment to date has included 16 physical therapy sessions, psychological therapy, medications and activity modifications. Documentation does not indicate the injured worker is performing home exercises. On 9-18-15 request for physical therapy was submitted for physical therapy 2 times a week for 6 weeks of leg. On 10-6-15 request for physical therapy 2 times a week for 6 weeks 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:

**Continued physical therapy right leg 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee 7 Leg Chapter, Online Version, Physical Medicine.

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

**Decision rationale:** The current request is for CONTINUED PHYSICAL THERAPY RIGHT LEG 2 TIMES A WEEK FOR 6 WEEKS. The RFA is dated 09/18/15. Treatment to date has included 16 physical therapy sessions, psychological therapy, medications and activity modifications. The patient is temporarily totally disabled. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/10/15, the patient presents with right lower extremity pain. He complains of numbness in the anterior part of the thigh. Physical examination revealed quadriceps atrophy, weakness and problems with his knee giving out. He has normal pulses in the foot and normal motor function. MRI of the right thigh dated 08/05/15 revealed evidence of a gunshot injury at the Sartorius muscle, specifically anterior region. The treater states, Orthopedically, my only recommendation for him is strengthening. I think if he is consistent in a strengthening program, he will reach to maximum improvement about a year from the day of injury. Review of the medical file indicates that the patient sustained a gunshot injury to the right thigh. He has been managing with medication and physical therapy, and is recovering well. He does have continuing psychological issues that are being managed by a specialist. In regard to the request for additional 12 PT sessions, this patient has completed 16 sessions thus far with some improvement. However, the current request for 12 sessions, in addition to the 16 sessions already received, exceeds what is recommended by MTUS. Furthermore, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program to work on strengthening. Therefore, the requested physical therapy IS NOT medically necessary.