

Case Number:	CM15-0223034		
Date Assigned:	11/19/2015	Date of Injury:	03/30/2015
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Tennessee
 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 45 year old male, who sustained an industrial injury on 3-30-15. Medical records indicate that the injured worker is undergoing treatment for sprain of the knee and leg, left calf pain, high grade left Achilles sprain-strain with injury at the musculotendinous junction and left calf atrophy. The injured worker is currently temporarily totally disabled. On (9-30-15) the injured worker was noted to have completed physical therapy with improvement in the left calf and ankle. The injured worker continued to experience pain in the left lower leg, weakness of the left leg and constant numbness of the left heel. A shocking sensation of the left heel with weight bearing was also noted. The pain was rated 7 out of 10 while sitting on the visual analog scale. Examination of the lumbar spine revealed tenderness to palpation over the lumbosacral spine and a decreased range of motion. Examination of the ankles revealed tenderness over the musculotendinous junction of the left calf. Marked calf atrophy was noted. Left ankle range of motion was decreased. The left Achilles tenderness was intact but tender. Sensation was decreased over the poster plantar heel on the left foot. A physical therapy report dated 9-28-15 notes that the injured worker had increased mobility of the left ankle but the pain continues. Treatment and evaluation to date has included medications, x-rays, MRI of the left calf and physical therapy (12). Current medications include Motrin 800mg as needed. The Request for Authorization dated 10-22-15 is for physical therapy two times a week for six weeks for the left leg. The Utilization Review documentation dated 10-28-15 non-certified the request for physical therapy two times a week for six weeks for the left leg.

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, left leg: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has had prior treatment with at least 12 physical therapy visits. The additional requested 12 visits would bring the total to 24 visits, surpassing the maximum number of 10 visits recommended for treatment. In addition there is no documentation of objective evidence of functional improvement. The request is not medically necessary.