MAXIMUS Federal Services

Case Number:	CM15-0037021		
Date Assigned:	03/05/2015	Date of Injury:	09/13/2014
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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 32 year old female, who sustained an industrial injury on 09/13/2014. She has reported sustaining multiple injuries after the golf cart she was a passenger in flipped causing her to fall and hit her head on concrete along with the left side of her body hitting the ground and the cart landing on her legs causing her to have leg numbness, dizziness, and a headache. Diagnoses include left-sided lumbar spine and thoracic spine sprain/strain, left hand and wrist strain, bilateral knees patellofemoral pain from direct trauma, soft tissue injury to the left lower extremity and ankle with bruising and small soft tissue hematoma to this area with mild left ankle sprain, and head injury at the time of accident with occasional headaches. Treatment to date has included physical therapy and medication regimen. In a progress note dated 01/28/2015 the treating provider reports pressure headaches and dizziness; intermittent and sharp left hand/digit pain that is rated a three out of ten; sharp, stabbing, and shooting pain from the lumbar spine that radiates to the mid back and the bilateral lower extremities with associated symptoms of numbness and tingling to the bilateral legs and feet; cramping and spasms to the thighs; stiffness, a burning sensation, muscle tension, and tightness behind the knees with the pain rating of a six to seven out of ten; and pressure, burning, soreness, and sharp pain to the bilateral ankles with associated symptoms of swelling around the ankles along with weakness with a pain rating of a seven out of ten to the left ankle and a five to six out of ten to the right ankle and foot. The treating physician requested authorization for physical therapy to the bilateral knees and left ankle noting the injured worker has completed a few sessions that benefited her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral knees and left ankle; 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with back, bilateral legs, bilateral knees, left hand, bilateral ankle/feet and left forearm/wrist pain. The current request is for physical therapy for bilateral knees and left ankle; 2X6. The MTUS Chronic Pain Management Guidelines, 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." This patient has a date of injury of 09/13/14 and has completed 17 physical therapy sessions thus far. Physical therapy notes document steady improvement. In this case, the medical reports document that physical therapy has helped, but there is no report of new injury, new diagnoses, new examination findings or recent surgery to substantiate the current request. Furthermore, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. The request is not medically necessary.