

Case Number:	CM15-0054253		
Date Assigned:	03/30/2015	Date of Injury:	10/14/2013
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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 57 year old female injured worker suffered an industrial injury on 10/14/2013. The diagnoses included hamstring tendon tear and right sciatic nerve neurolysis and posterior femoral cutaneous nerve neurolysis. The injured worker had been treated with hamstring tear with repair x 2, acupuncture, medications, sacroiliac injections, physical therapy and medications. On 2/5/2015 the treating provider reported rates the pain 5 to 6/10 and continued to use a cane for support. The right thigh has visible atrophy with pain on palpation. The treatment plan included Physical therapy.

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 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2013 and underwent surgery in June 2014. As of 12/11/14, she had completed 30 treatment sessions. She was having ongoing leg pain and was continuing to take medications. In this case, the claimant has already had extensive and likely excessive therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote further dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the requested therapy was not medically necessary.