

Case Number:	CM15-0244628		
Date Assigned:	12/24/2015	Date of Injury:	08/21/2010
Decision Date:	01/29/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/16/2015

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 63 year old male, who sustained an industrial injury on 8-21-10. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc changes, stellate non-displaced fracture of the left fibular head healed, crushing injury of the lower leg, lateral anterior horn meniscus tear on the left and chronic sciatic nerve injury. The injured worker is retired. On (11-9-15) the injured worker reported left upper and lower leg pain rated 8 out of 10 on the visual analog scale. The symptoms were aggravated by almost any movement. The injured worker had difficulty with standing, walking and rising from a sitting position. Objective findings revealed tenderness in the upper and lower leg. The injured worker walked with a limp and used a cane for assistance. Sensation was decreased in the left leg. The medial cruciate ligament and anterior cruciate ligaments were intact. Drawer signs were negative. The injured workers back was non-tender with a full range of motion. A progress report dated 9-16-15 notes that the injured workers pain level was also 8 out of 10. The injured worker noted weakness in his left leg. Treatment and evaluation to date has included medications, MRI of the lumbar spine and left knee, electrodiagnostic studies and physical therapy. Prior physical therapy notes were not provided. Current medications were not provided. The Request for Authorization dated 11-19-15 is for physio-motion therapy #6. The Utilization Review documentation dated 12-3-15 non-certified the request for physio-motion therapy #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-motion therapy qty 6.00: Overturned

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: The patient presents on 11/09/15 with left lower extremity pain rated 8/10 approximately 70-80% of the time. The patient's date of injury is 08/21/10. Patient is status post crush injury of the left lower extremity. The request is for Physio-Motion Therapy Qty 6.00. The RFA is dated 11/09/15. Physical examination dated 11/09/15 reveals tenderness to palpation of the left lower extremity in both the upper and lower aspects, with nonspecific decreased sensation noted in the affected limb. The patient is currently prescribed an unspecified hypertension medication. Patient is currently retired. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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." In regard to the 6 sessions of physio/physical therapy sessions for this patient's ongoing pain, the request is appropriate. There is no evidence in the records provided that this patient has undergone any recent physical therapy for his ongoing left lower extremity complaint. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The request for 6 visits falls within guideline recommendations and could produce significant benefits for this patient. Therefore, the request IS medically necessary.