

Case Number:	CM14-0138814		
Date Assigned:	09/05/2014	Date of Injury:	05/09/2014
Decision Date:	11/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female who was injured on 05/09/2014 while she was carrying a stack of boxes when she lost her balance and fell striking her left thigh. She had 3 sessions of extracorporeal shockwave treatment, physical therapy, injections and still has residual symptoms. According to the UR, the patient was seen on 07/14/2014 for complaints of swelling and tenderness. She also had decreased sensation in the left thigh. Motor strength was decreased at 4/5 but muscle groups are not identified. She is diagnosed with thigh contusion with hematoma. Prior utilization review dated 08/01/2014 states the request for Physical Therapy evaluation and treatment for the left thigh 2x6 is modified to certify 9 sessions of physical therapy rather than 12; and Interferential Unit; Hot-cold unit; Functional capacity evaluation/physical performance; Gabapentin, Amitriptyline, Dextromethorphan cream; Flurbiprofen, Tramadol cream are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation and Treatment for the Left Thigh 2x6: Upheld

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

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

Decision rationale: The CA MTUS recommends Physical Therapy as short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. There was no documents submitted for review, therefore, this request is not medically necessary. The request is not medically necessary.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: The CA MTUS did not recommend TENS as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There was no documents submitted for review, therefore, this request is not medically necessary. The request is not medically necessary.

Hot-Cold Unit:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition [Web] 2014, Knee and Leg Section, Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous-Flow Cryotherapy

Decision rationale: The ODG recommends Hot-Cold Units as an option after surgery, but not for non-surgical treatment. There was no documents submitted for review, therefore, this request is not medically necessary. The request is not medically necessary.

Functional Capacity Evaluation/Physical Performance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 138

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

Decision rationale: The CA MTUS recommends functional improvement measures as a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. There was no documents

submitted for review, therefore, this request is not medically necessary. The request is not medically necessary.

Gabapentin, Amitriptyline, Dextromethorphan cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS recommends topical analgesics as an option. It also states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. There was no documents submitted for review, therefore, this request is not medically necessary. The request is not medically necessary.

Flurbiprofen, Tramadol cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS recommends topical analgesics as an option. It also states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. There was no documents submitted for review, therefore, this request is not medically necessary. The request is not medically necessary.