

Case Number:	CM14-0141862		
Date Assigned:	09/10/2014	Date of Injury:	05/16/1999
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Interventional Spine 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 56-year-old female with a date of injury of 05/16/1999. The listed diagnoses per [REDACTED] are CRPS, lower extremity, Knee enthesopathy, NOS, Peripheral neuropathy, bilateral, Postphlebotic syndrome with inflammation and Chronic left knee pain. According to progress report 08/06/2014, the patient complains of persistent pain to the left lower extremity. Examination of the lumbar spine revealed antalgic gait with left limp. There was positive tenderness to palpation to the thoracic right paraspinal muscle. Sensory exam revealed decreased sensation in stocking distribution of lower extremity. The provider is requesting 12 physical therapy sessions. Utilization review denied the request on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with continued lower extremity complaints. The treater is requesting 12 physical therapy sessions. The patient is outside the postsurgical timeframe. For physical medicine, the MTUS guideline recommends for myalgia/myositis-type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file does not discuss prior physical therapy treatment. In this case, the treater's request for 12 physical therapy sessions exceeds what is recommended by MTUS. Recommendation is for denial.