

Case Number:	CM14-0142562		
Date Assigned:	09/10/2014	Date of Injury:	12/05/2013
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 28-year-old male who reported an injury on 12/05/2013. He sustained a combined crush degloving injury of the left foot and industrial accident when he was pinned between a forklift and a wall. He sustained multiple fractures of all 5 digits which required ORIF and pinning along with a split thickness skin graft to the foot. The injured worker's treatment history included medications, surgery, and physical therapy sessions. The injured worker was evaluated on 08/21/2014 and it was documented the injured worker complained of left foot pain and low back pain. The injury occurred secondary to a crush injury. It is unclear whether there are open wounds. The diagnoses included foot injury. Request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker has attended an unknown number of therapy sessions to date. There were no objective indications of progressive, clinically significant improvement from prior therapy. The provider failed to indicate long term functional goals. Additionally, the request submitted failed to include number of visits and frequency of physical therapy. Given the above, the request for physical therapy for the lumbar is not medically necessary.