

Case Number:	CM14-0149994		
Date Assigned:	09/18/2014	Date of Injury:	05/23/2013
Decision Date:	10/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 & 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:

This patient is a 53 year old male with an injury date of 5/23/13. Based on the 8/01/14 progress report by [REDACTED], this patient complains of lower back pain, bilateral knee soreness, left more than right, with swelling associated with the knee pain. "Swelling is associated with pressure/tingling sensation and cyanotic discoloration." This patient also complains of "shooting pain down through the shins to the bilateral ankle (right greater than the left)" and also complains of "occasional tingling on the bottom of both of his feet." An exam of the bilateral lower extremities shows "+2 pitting edema starting at the mid calf area, cyanotic discoloration of bilateral legs below the knees, onychomycosis." Lower spine examination shows "paravertebral muscle tenderness bilaterally, with "no palpable lymph nodes at the groin." Range of motion for lumbar spine: flexion 60 degrees, extension 25 degrees, lateral bending 25 degrees bilaterally." Motor examination shows decrease abduction of the intrinsic feet muscles. Sensory examination shows decreased vibration sense and temperature sensations in the bilateral lower extremities and the stocking distribution with "+2 deep tendon reflexes and absent ankle jerks bilaterally." This patient is positive for Romberg and has abnormal tandem walk. Work status: "The patient may return to work with work restrictions" (specified in the 8/01/14 progress report). Diagnostic impressions for this patient are: Status-Post Lacerations of both legs, Posttraumatic Lymphedema Likely Resultant from Early-Developed Cellulitis, Hypertension due to the use of Medications, Stress, sleep impairment due to pain and increased frequency of urination. The utilization review being challenged is dated 9/12/14. The request is for 12 physical therapy sessions for the bilateral lower extremities. The requesting provider is [REDACTED] and she has provided various reports from 3/01/14 to 8/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the bilateral lower extremities: Upheld

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

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

Decision rationale: This patient presents with pain and lymphedema of the bilateral lower extremities and ankles. The request is for 12 physical therapy sessions for the bilateral lower extremities, according to the 8/01/14 progress report, for lymphedema. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias for non-postop patients. The 8/01/14 report noted this patient was prescribed physical therapy approximately July/August of 2013. During one particular physical therapy session, due to severe swelling, this patient was advised to go to the emergency at [REDACTED] Hospital. However, there is no documentation of therapy sessions completed to date, nor documentation of the previous course with evidence of functional improvements made. Furthermore, the request for 12 physical therapy sessions exceeds MTUS guidelines. Recommendation is for denial.