

Case Number:	CM14-0090479		
Date Assigned:	07/23/2014	Date of Injury:	12/01/2012
Decision Date:	09/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 40-year-old male with a date of injury of 12/01/2012. The listed diagnoses per [REDACTED] are: 1. Crush injury, 12/01/2012, to pelvis, abdomen, and left foot. 2. Left pelvic fracture, status post open reduction and internal fixation. 3. Abdominal injury status post surgery. 4. Phantom pain, left leg. 5. History of drug addiction. 6. Adjustment disorder. 7. Status post abdominal surgery, 12/10/2013. 8. Status post left stump revision surgery on 12/27/2013. 9. Low back pain, left L5-S1 with x-rays from 04/26/2013 revealing mild disk degeneration L3-L4. According to progress report 04/18/2014 by [REDACTED], the patient presents with increasing of left leg pain with weight-bearing. He is currently utilizing prosthesis for his above knee amputation. He has pain along the left thigh, left hip and low back as well. He experiences back pain to both the right and left side with numbness over the left leg. Request for authorization from 05/02/2014 request "ongoing PT x 11." There is a handwritten note that says evaluation was done but authorization expired 04/28/2014 and the patient needs ongoing visits. Utilization review denied the request on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Knee and Pelvis 11 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee & Leg Physical Therapy(ODG) Official Disability Guidelines Hip & Pelvis Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee MTUS post-surgical Page(s): 24, 25.

Decision rationale: This patient is status post multiple surgeries including abdomen debridement of wound laceration and left above-the-knee amputation revision from December of 2013. It was noted the patient is utilizing his new left leg prosthesis. Treating physician states the patient would best be served returning to [REDACTED] for gait training with his prosthesis. He is requesting additional 11 visits. Utilization review modified the certification from the requested 11 to 6 sessions. For post-surgical physical therapy, MTUS recommends 48 sessions following amputation of the leg. The medical file provided for review does not indicate how many sessions of physical therapy this patient has received following his left above-the-knee amputation revision surgery. There is one physical therapy report, which is an initial evaluation that indicates the patient has received 1 out of 12 approved sessions. The treating physician states the patient was authorized for 12 sessions. However, the authorization expired on 04/28/2014. He is requesting additional 11 sessions for gait training. The requested 11 sessions for gait training is reasonable and medically necessary.