

Case Number:	CM14-0208659		
Date Assigned:	12/22/2014	Date of Injury:	03/01/2012
Decision Date:	02/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice 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 is a 23-year-old female claimant sustained a work injury on 3/1/12 involving the right arm and ankle. She was diagnosed with right forearm internal arrangement, right ankle internal derangements and a laceration of the foot. In July 2014, the physician had requested 18 sessions of acupuncture, physical therapy and chiropractor therapy. She had also used a TENS unit. A progress note October 27, 2014 indicated claimant 5/10 pain in the forearm and 9/10 pain in the foot. There was tenderness to palpation in the forearm. Range of motion of the ankle, elbows and wrists were decreased on the right side. There was slightly decreased sensation in the L4- S1 dermatomes. The physician requested 8 additional sessions physical therapy for the forearm and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks for the forearm and ankle: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. In this case, the injured worker had undergone an unknown amount of physical therapy sessions. The prior order was for 18 sessions. The additional 8 sessions would exceed the guideline recommendations. In addition, there was no indication that home exercises cannot be performed. Therefore, this request is not medically necessary.