MAXIMUS Federal Services

Case Number:	CM14-0218324		
Date Assigned:	01/08/2015	Date of Injury:	04/21/2013
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 79-year-old male who reported an injury on 04/21/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of muscle weakness generalized. Past medical treatment consists of surgeries, physical therapy, and medication therapy. No diagnostics were submitted for review. On physical therapy note dated 12/01/2014, it was indicated that the injured worker had completed 36 physical therapy sessions. On this date, the injured worker complained of left leg pain. Physical examination noted minimal swelling. On 01/12/2015, the injured worker complained of swelling of the left foot with weight bearing. The injured worker was unable to wear any form of dress shoe due to the swelling and pain. However, the injured worker stated that his legs felt strong unless he was standing for too long amount of time. It also noted that there was minimal swelling in the leg, legs were strong, and balance was good. Medical treatment plan was for the injured worker to continue with physical therapy. Rationale was not submitted for review. The Request for Authorization form was submitted on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for 12 additional sessions is not medically necessary. The California MTUS states that physical medicine with passive or active therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment recommendation with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It was indicated in the submitted documentation that the injured worker had completed 36 visits of physical therapy as of 12/01/2014. It was noted in the physical therapy note that the injured worker stated that his legs felt strong unless he was standing for too long amount of time. It also noted that there was minimal swelling in the leg, legs were strong, and balance was good. Additionally, it is unclear how the injured worker would not benefit from a home exercise program versus continued physical therapy. Furthermore, the request as submitted did not indicate or specify what type of additional sessions the provider was requesting, nor did it specify an extremity. There were no other significant factors provided to justify the use outside of current guidelines. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.