

Case Number:	CM15-0013175		
Date Assigned:	01/30/2015	Date of Injury:	02/21/2014
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on February 21, 2014. He has reported pain of the left calf. The diagnoses have included left calf laceration with repair and left calf muscle tear. Treatment to date has included physical therapy, acupuncture and medications. A progress note dated December 16, 2014 indicates a chief complaint of continued pain of the left calf. Physical examination showed a scar on the left calf with tenderness, weakness, and nodularity. The treating physician is requesting physical therapy for six visits for the left calf. On January 7, 2015 Utilization Review denied the request for PT citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 visits for the left calf: 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 Page(s): 98-99.

Decision rationale: The patient presents with pain, rated 08/10, of the left calf. The request is for PHYSICAL THERAPY X6 VISITS FOR THE LEFT CALF. The RFA provided is dated 12/18/14. Patient's diagnosis on 11/12/14 included left calf laceration with repair and left calf muscle tear. Patient is to return to modified duty. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. "MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." In this case, per the progress report dated 01/ 21/15, treatment history included at least 3 months of physical therapy. Treater is requesting 6 additional sessions of physical therapy but no rationale is provided. The reports do not show any documentation regarding how the previous PT sessions have been beneficial in terms of pain reduction and improved functionality. Treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 6 additional sessions exceed what is allowed per MTUS. Therefore, the request IS NOT medically necessary.