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| Case Number: | CM15-0017251 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 09/13/2011 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old who sustained an industrial injury on 09/13/2011. Diagnoses include left calf sprain and strain. Treatment to date has included medications, and physical therapy. A physician progress note 12/16/2014 documents the injured worker has continued left calf pain radiating to his upper thighs and buttocks. Examination reveals tenderness to palpation over the left gastrocnemius and gastrosoleus muscle group. Ranges of motion of the left knee and ankle are within normal limits. He has tenderness to palpation, and pain with flexion and extension of the left calf. Treatment requested is for physical therapy to the left lower leg at 2 times a week for 6 weeks. On 01/14/2015 Utilization Review non-certified the request for physical therapy to the left lower leg at 2 times a week for 6 weeks, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Course of physical therapy to the left lower leg at 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Course of physical therapy to the left lower leg at 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this recommendation. Furthermore, the patient has had prior therapy for this condition without documentation submitted of objective findings of functional improvement. There are no extenuating circumstances documented which would require going against guideline recommendations. Therefore, this request is not medically necessary.