MAXIMUS Federal Services

Case Number:	CM15-0129180		
Date Assigned:	07/15/2015	Date of Injury:	06/02/2014
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 28 year old male who sustained an industrial injury on 6/2/14 from a propane gas tank explosion. He had extensive burns to bilateral upper extremities and loss of hearing. On 4/14/15 He currently complains of hypersensitive scarring to the hands, arms and legs; numbness in the legs in a stocking distribution. On physical exam there was marked hypertrophic scars on the dorsal right forearm extending to the thumb with significant contracture pulling the thumb in abduction; hypertrophic scars on the left forearm; legs have minimal scaring with no muscle weakness. On 6/25/15 he had pulse dye laser for bilateral forearm, wrist and hand scars. Medications were Norco, gabapentin and a sleep aid. Diagnoses include post-traumatic stress disorder; burns involving 30-39% of body surface with 3rd degree burn of 30-39%; status post skin graft; ruptured tympanic membrane. Treatments to date include scar management with laser phototherapy a pulse dye laser for bilateral forearm, wrist and hand scars (2/6/15, 3/6/15, 6/25/15); psychological evaluation; medications. On 6/25/15 Utilization Review evaluated a request for 24 physical therapy sessions for bilateral hands, forearms and arms. The patient underwent skin graft on 6/12/14. The patient had received 20 PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty-four (24) physical therapy visits with evaluation for the bilateral hands, forearms and arms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98, Burns (updated 12/22/14), Physical therapy (PT).

Decision rationale: Request: Twenty-four (24) physical therapy visits with evaluation for the bilateral hands, forearms and arms. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Per ODG Physical therapy (PT): Burns (ICD9 949): Medical treatment: 8 visits over 6 weeks-Post-surgical treatment: 16 visits over 8 weeks; Patient had received 20 PT visits for this injury; Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Twenty-four (24) physical therapy visits with evaluation for the bilateral hands, forearms and arms is not fully established for this patient. The request is not medically necessary.