

Case Number:	CM15-0064370		
Date Assigned:	04/10/2015	Date of Injury:	05/20/2014
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 5/20/14. He reported initial complaints of right leg. The injured worker was diagnosed as having sprain of knee/leg NEC. Treatment to date has included physical therapy. Currently, the PR-2 notes dated 3/6/15 document the injured worker is doing the same concerning the right gastrocnemius, has not had physical therapy in several months and has had three re-tears. There is dull, mild discomfort, intermittent, worse with activity, improved with rest and working full duty. Examination of the right knee documents the injured worker is able to fully squat with some mild discomfort on the medial aspect of the right gastrocnemius. The knee motion is unrestricted and the right calf has some mild tenderness to palpation mostly over the medial aspect of the muscular area. The provider has requested additional outpatient physical therapy times 8 sessions to the right leg and Utilization Review modified the request to 3 sessions to transition to allow full transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY TIMES 8 SESSIONS TO THE RIGHT LEG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly one-year status post work-related injury sustained a partial tear of the right gastrocnemius muscle. Treatments included postoperative physical therapy. When seen, he was having ongoing discomfort. He was noted to be working at full duty. There had been 3 re-tears after completing physical therapy treatments. In this case, the claimant has already completed a course of physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and simple body weight exercises strengthening and range of motion. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The requested additional therapy is not medically necessary.