MAXIMUS Federal Services

Case Number:	CM13-0009637		
Date Assigned:	06/06/2014	Date of Injury:	01/12/2011
Decision Date:	07/28/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 01/12/2011. The mechanism of injury was a crush injury. The diagnoses include status post crush injury left leg, chronic sprain left ankle, sacroilitis secondary to impaired gait, status post arthroscopic repair to the left knee. Previous treatments include cold therapy, medications, crutches, surgery, 12 sessions of physical therapy. Within the clinical note, dated 07/09/2013, reported the injured worker complained of right leg pain and left leg pain. The injured worker rated his right leg pain 6/10 in severity and left leg pain 7/10 in severity. Upon the physical examination of the lumbar spine the provider noted the injured worker had a positive Yeoman's, positive Erichsen's, and restricted range of motion. Provider requested an MRI and physical therapy. However, rationale was not provided for clinical review. The request for authorization was submitted and dated on 07/19/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the left ankle and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, 372-374.

Decision rationale: The injured worker complained of right leg pain and left leg pain. He rated his right leg pain 6/10 in severity and left leg pain 7/10 in severity. The California MTUS/American College of Environmental Medicine note most knee problems improve quickly once red flag issues are ruled out. For injured workers whose significant hemoarthrosis and history of acute trauma, radiograph is indicated to evaluate for fracture. Guidelines note MRIs are recommended for meniscus tears, ligament strain, ligament tear, patellofemoral syndrome, tendonitis, and prepatellar bursitis. Also note, MRIs are superior to arthrographies for both diagnosis and safety reasons. The guidelines note for an ankle MRI documentation needed of disorders of soft tissue such as tendonitis, metatarsalgia, fasciitis, and neuroma, yield negative radiographs and do not warrant other studies. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Guidelines notes MRI of the ankle are recommended for metatarsal fracture and toe fracture. There is no indication of red flag diagnosis. The injured worker recently underwent surgery of the knee and there is no intent to undergo surgery requiring an additional MRI. The rationale for the request was not provided. There is a lack of documentation indicating the injured worker is treated for or diagnosed with a fracture. The medical necessity for an MRI was not established. Therefore, the request for an MRI of the left ankle and left knee is not medically necessary and appropriate.

Twelve (12) physical therapy sessions for left leg and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Physical Medicine, Suffering and The Restoration of Function Chapter, page 114.

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

Decision rationale: The request for physical therapy 3 times a week for 4 weeks for the leg and left ankle is non-certified. The injured worker complained of right and left leg pain. He rated his right leg pain 6/10 in severity and left leg pain 7/10 in severity. The California MTUS Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neurologia and myalgia 8 to 10 visits for physical therapy are recommended. The injured worker previously underwent 12 visits of physical therapy; therefore, the request for an additional 12 would not be warranted. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. The efficacy of the previous course of physical therapy was not provided for review. Therefore, the request for Twelve (12) physical therapy sessions for left leg and ankle is not medically necessary and appropriate.