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| Case Number: | CM13-0026758 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 06/01/2013 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 09/03/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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 patient is a 52-year-old male with a date of injury of 06/01/2013. The list of diagnoses included in a report dated 08/29/2013 are: 1) Pain in joint lower right leg; 2) Sprain and strains of ankle; 3) Contusion of unspecified part of lower limb, right; 4) Osteoarthritis of right lower leg; 5) Chondromalacia of patella. According to this report, the patient presents with right ankle and right knee pain. The pain is described as aching with swelling intermittent to the right lower extremities. Physical examination shows no real swelling of the right lower extremity below the knee, no effusion of the right knee or right ankle. There is slight pain of the right knee with patellar impingement over the lateral aspect of the patella. There is full range of motion of the right knee and very mild symptoms with palpation laterally. There was some soreness noted over the anterior fibular ligament region. There is full range of motion of the ankle and ligaments are noted as stable. MRI of the right knee dated 08/22/2013 showed some cartilage loss at the patellofemoral joint and lateral positioning of the patella, questionable tiny loose piece in the posterior aspect of the knee, and questionable small tearing at the lateral retinaculum. MRI of the right ankle dated 08/22/2013 shows some decrease in articular cartilage with cartilage loss in the area of the anterolateral aspect of the tibial plafond.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional therapy for the right ankle (9 sessions): Upheld

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

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

Decision rationale: This patient presents with right ankle and right knee pain. The provider requested an additional 9 physical therapy sessions. With regards to physical medicine for myalgia and myositis type symptoms, the MTUS Guidelines state that the recommendation is for 9 to 10 visits over 8 weeks. The medical records show that this patient received 6 physical therapy sessions starting in July 2013. The requested 9 sessions combined with the already received 6 sessions would exceed what is recommended by the guidelines. Therefore, the requested additional therapy is not medically necessary or appropriate at this time.