

Case Number:	CM13-0039546		
Date Assigned:	12/20/2013	Date of Injury:	09/10/1998
Decision Date:	02/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/05/2013

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 Physicla Medicine and Rehabilitation has a subspecialty in pain Management 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:

This is a male patient with the date of injury of September 10, 1998. A utilization review determination dated September 17, 2013 recommends certification for 1 psychiatric consultation, 6 acupuncture sessions, and 1 prescription of Tizanidine HCL 4mg #30; modified certification for 6 physical therapy visits; and non-certification for 1 custom orthotics. The previous reviewing physician recommended modification of 6 physical therapy visits due to documentation of benefit over the intiail six sessions of physical therapy and non-certification of 1 custom orthotics due to no guidelines or scientific evidence supporting the use of custom orthotics in the management of knee or leg injuries. A Visit Note dated October 1, 2013 identifies chief complaints of right knee and back pain. It radiates up from the leg from the knee and up the back from the lower back. Physical examination findings reveal crepitus noted right knee with PROM, tenderness to palpation in the medial joint line, and decreased lumbar ROM. Left knee extension strength is 4/5, right knee extension 3/5, right knee flexion 3/5, right ankle dorsiflexion 4/5, and right ankle plantar flexion is 4/5. McMurray's test is positive bilaterally. Diagnoses include ACL tear, internal derangement of knee not otherwise specified, pain in joint of lower leg. Assessment and Treatment Plan recommends MRI of the left knee. Justification for orthotics identifies Guidelines provide limited support for prefabricated shoe inserts for plantar fasciitis or for osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for 12 physical therapy visits, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In addition, the patient is noted to have previously undergone a trial of 6 visits with 6 additional visits certified. There is no clarification as to the total number of PT visits to date. In the absence of such documentation, the current request for 12 physical therapy visits is not medically necessary.

1 Custom orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Ankle &Foot, Orthotic Devices

Decision rationale: Regarding the request for 1 custom orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. There is no documentation of a trial with a prefabricated orthosis or a statement that the orthosis will be needed for long-term pain control. In the absence of such documentation, the current request for 1 custom orthotics is not medically necessary.

