

Case Number:	CM13-0041812		
Date Assigned:	12/20/2013	Date of Injury:	03/31/2011
Decision Date:	03/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

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 is licensed to practice in Texas. 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 40-year-old male who reported an injury on 10/31/11. The mechanism of injury was twisting, cause a sprain of the right ankle and right knee. The patient was diagnosed with status post right knee contusion with resultant patellofemoral arthralgia, mild osteoarthritis, an anterior cruciate ligament sprain with associated cyst along the anterior cruciate ligament, right ankle chronic sprain with possible tearing of the lateral ligamentous joint complex, and lumbosacral myofascial strain secondary to altered gait. The patient continued to complain of right knee pain and swelling, right ankle pain with instability, and low back pain secondary to altered gait. The physical examination revealed slight swelling along the peripatellar region, and tenderness to palpation is present over the patellofemoral joint and quadriceps tendon. Inspection of the right knee revealed slight swelling along the lateral ligamentous joint complex. Physical examination of the lumbar spine revealed tenderness to palpation over the lower lumbar paravertebral musculature and lumbosacral junction. The right knee, right ankle, and lumbar spine all had decreased range of motion. Motor strength testing in bilateral lower extremities revealed no muscle weakness. The patient had 12 sessions of physical therapy for the right knee. The patient was also recommended chiropractic treatment. The patient was unable to participate in the chiropractic sessions due to a busy work schedule. The patient was recommended an aggressive rehabilitation program for the right knee, shock wave therapy for the right ankle, and an ROR study.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROR study: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review provides evidence that the patient has significant pain complaints and range of motion deficits that have failed to respond to physical therapy. However, the requested study is not clearly defined within the documentation. Therefore, it is unclear how the results of that study would contribute to the patient's treatment planning. As such, the requested ROR Study is not medically necessary or appropriate.

Extracorporeal shockwave therapy for the right ankle: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy for patients who have plantar fasciitis that has failed to respond to six months of at least three conservative treatments. Additionally, a maximum of three therapy sessions over three weeks is recommended. The clinical documentation submitted for review fails to document a diagnosis of plantar fasciitis, or has failed to respond to at least three conservative treatments to the right ankle. Additionally, the request does not clearly identify the duration of treatment requested or treatment goals. Therefore, efficacy cannot be determined. As such, the requested extracorporeal shockwave therapy for the right ankle is not medically necessary or appropriate.

Aggressive rehabilitation program for the right knee: Upheld

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

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

Decision rationale: The California MTUS recommends physical medicine to assist with range of motion and pain deficits. The clinical documentation submitted for review indicates that the patient previously underwent right knee physical therapy. The clinical documentation does not adequately describe the result of the prior therapy. The California MTUS recommends continuation of therapy be based on objective functional improvements. As there is no

documentation to support the efficacy of prior therapy, continuation of therapy would also not be supported. Additionally, the request as it is written does not clearly define a duration or frequency of the requested treatment. Therefore, there is no way to determine the appropriateness of the request. As such, the requested aggressive rehabilitation program for the right knee is not medically necessary or appropriate.