

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0053946 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/17/2012 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 27-year old male who reported injury on 05/17/2012. The mechanism of injury was the patient got out of his vehicle not knowing it was in reverse and it struck a parked OV. The injured worker jumped in a truck to stop the vehicle and injured his right knee and right leg. The injured worker had undergone chiropractic therapy and biofeedback. The injured worker underwent physical therapy and work conditioning. The documentation of 10/03/2013 revealed the injured worker had tenderness to paravertebral muscles with spasms. The range of motion was restricted and motor strength and sensation were grossly intact. The examination of the right knee revealed an anterior joint line and MCL that were tender to palpation. In the right ankle the anterior TFL was tender to palpation and effusion was noted in the right ankle. The diagnoses included lumbar radiculopathy, right knee internal derangement and right ankle sprain. The treatment plan included Medrox pain relief ointment twice a day, ketoprofen 75 mg once a day, omeprazole DR 20 mg 1 daily, and/or orphenadrine ER 100 mg twice a day, as well as tramadol HCl 50 mg 1 tablet twice a day. The request was made for physical therapy 3 times a week for 4 weeks to the back, right ankle and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE BACK, RIGHT ANKLE AND RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- PHYSICAL MEDICINE, , 99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Medicine, Knee & Leg Chapter, Physical Medicine, Ankle & Foot Chapter, Physical Medicine, Preface

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that the treatment for myalgia and myositis is 9 to 10 visits over 8 weeks. However, they do not specifically address the back, ankle, and knee. As such, secondary guidelines were sought. The Official Disability Guidelines recommend the medical treatment for intervertebral disc disorders without myelopathy to be 10 visits. The treatment for internal derangement of the knee is 9 visits over 8 weeks, and the treatment for an ankle/foot sprain is 9 visits over 8 weeks. They additionally indicate when treatment duration and/or number of visits exceed the guideline recommendations, exceptional factors should be noted. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy and work conditioning. There was a lack of documentation of the quantity of sessions attended. There was a lack of documentation of the objective functional benefit received from the prior therapy and remaining functional deficits. The request as submitted would be excessive. Given the above and the lack of documentation, the request for physical therapy 3 times a week for 4 weeks for the back, right ankle and right knee is not medical necessary.