

Case Number:	CM13-0067612		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2013
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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 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:

Treating physical medicine and rehabilitation physician notes of 10/31/2013 are handwritten and largely illegible. However, a doctor's first report of that date from this treating physician reports a mechanism of injury that the patient tripped over a truss on the ground and noted pain and swelling in the right knee. That report stated that a physical examination demonstrated no positive findings. The patient was diagnosed with right knee pain. Treatment plan included a Functional Capacity Evaluation, x-rays of the knee, physical therapy to the knee, and acupuncture. The treating provider referenced multiple general guidelines to support these requests. A separate primary treating physician's initial comprehensive report of 10/31/2013 with request for authorization of treatment reviews this patient's history that the patient lifted a 100-pound truss and he suddenly tripped over a truss that was on the ground. The patient developed pain in his right knee and ultimately was seen by an orthopedist where an MRI showed fracture of the proximal tibia and fibula. The patient attended approximately 12 physical therapy sessions and continued following up with his orthopedist approximately once a month. The treating physician recommended physical therapy to continue 3 times a week for 4 weeks as well as acupuncture and diclofenac. He reported the diagnosis as right knee pain and a fracture of the right proximal tibia and fibula. An initial physician review noted that this patient has already attended physical therapy with limited improvement and recommended modifying the request for 6 visits. The initial physician reviewer recommended modifying an acupuncture request for 4 visits and also noted that there were no issues which would require a Functional Capacity Evaluation.

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 to Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 98-99, recommend, "Active therapy requires an internal effort by the individual to complete a specific exercise or task...Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The current treating physician requests additional physical therapy. However, it is not clear what the specific goals are of this additional therapy or how this treating provider has interpreted the patient's initial physical therapy in terms of the progress the patient has made and how goals would be continued or revised. Therefore, at this time, the medical records do not provide sufficient information to support the guidelines or an indication for the requested additional physical therapy. This request is not medically necessary.

Acupuncture 2 times a week for 6 weeks to Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule, Acupuncture Medical Treatment Guidelines, Section 24.1, page 8, states that acupuncture "may be used as an adjunct to physical rehabilitation to hasten functional recovery...Time to produce functional improvement: 3-6 treatments." The functional goals of the current proposed acupuncture treatment are not apparent. More notably, however, the request for 12 sessions for acupuncture exceeds the guidelines. This request is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fitness for Duty

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

Decision rationale: The California Medical Treatment Utilization Schedule discusses Functional Capacity Evaluations in the context of Medical Treatment Utilization Schedule/Work Hardening, page 125, noting "Criteria for admission to a work hardening program--work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current

job demands, which are in the medium or higher demand level, i.e., not clerical/sedentary work... A Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis." The medical records do not provide such details to clarify a rationale as to what job the patient is proposed to return to or what the job description may involve. More notably, the medical records do not indicate that this patient has plateaued in treatment. Overall, the clinical detail provided is not consistent with the guidelines for a Functional Capacity Evaluation. This request is not medically necessary.