

Case Number:	CM13-0069368		
Date Assigned:	04/02/2014	Date of Injury:	05/09/2011
Decision Date:	06/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 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 53-year-old female who reported an injury on 05/09/2011; the mechanism of injury was not provided within the medical records. On 10/23/2013, the injured worker complained of pain in the left knee and also bilateral foot pain. The clinical evaluation of the ankle and foot revealed no edema or erythema bilaterally. There was visible mild flexion of the right and left 2nd toe. There were no intrinsic atrophies noted bilaterally. Range of motion to the ankles was within normal limits for plantarflexion, within normal limits for dorsiflexion, and within normal limits for inversion and eversion. The evaluation noted there was no pain throughout the range of motion testing bilaterally. On inspection of the knee, there was no visible erythema or effusion bilaterally. Assessment of range of motion of the knees revealed the left knee was within normal limits for flexion. There is no popping or crepitus during the range of motion testing bilaterally and there was no pain during range of motion testing bilaterally. There was joint line tenderness on the left noted and there was no warmth of the knees bilaterally. The impression of the physical exam was status post left total knee arthroplasty; status post right and left feet arthropasty of the first metatarsophalangeal joint; right knee, right ankle complaints; and complaints of depression, anxiety, and sleep difficulty. The treatment plan was for Naprosyn, Motrin, and Vicodin. In addition, the provider recommended 6 sessions of physiotherapy. The case submitted for review did not contain a request for authorization for medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3X4 TO BILATERAL FEET: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Treatment Guidelines, Section Physical Medicine, indicate active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The physical medicine guidelines allow for fading of treatment frequency, from up to 3 visits to 1 or less. This therapy is followed by self-directed physical medicine. The guidelines recommend 9 to 10 visits over 8 weeks. The injured worker does not have documented functional deficits. The injured worker had range of motion that did not significantly indicate limitations. The request for 12 sessions of physical therapy to the bilateral feet is in excess of the guideline recommendation of 10 visits over 8 weeks. Therefore, the request for physical therapy 3 times a week for 4 weeks to the bilateral feet is not medically necessary and appropriate.

ACUPUNCTURE 3X4 TO BILATERAL FEET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the acupuncture medical treatment guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation or to hasten functional recovery. The guidelines state that the time to produce functional improvement with acupuncture is between 3 and 6 treatments. The frequency under the guidelines would be 1 to 2 times per week. The injured worker does not have any clinical documentation of pain medication being reduced or not tolerate. The injured worker does not have any documentation to support a need for functional recovery. The request for acupuncture 3 times a week for 4 weeks to the bilateral feet is in excess of the guidelines' 3 to 6 treatments. Therefore, the request for acupuncture is not medically necessary and appropriate.