

Case Number:	CM14-0005161		
Date Assigned:	04/23/2014	Date of Injury:	08/01/2004
Decision Date:	05/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46 year old male with a work injury dated 8/1/04. There is a request for additional PT 2 x per week for the right knee and right ankle and also 2 times per week on lumbar spine, right knee and right ankle. There is a 10/21/13 physical therapy report that indicates that the patient had 12 PT visits since July 2013 and is performing a home exercise program. There is a 12/5/13 PR-2 re-evaluation where the patient continued complaints left foot complex regional pain syndrome, unchanged. He is using a straight cane, and Lidoderm patch. He recently followed up with orthopedist, who recommends further therapy for further knee. On physical exam there is right knee tenderness, pain with flexion. The left foot is unchanged, mottled, cool. The Lidoderm patch intact. The patient has an antalgic gait. The patient's medications were refilled: Lidoderm patch 5% 2. Oxycodone 5 mg 5 times daily, #300, 2 month supply.3. Flexeril 10 mg one nightly, #30, 5 refills.4. Lyrica 75 mg 4 times daily, #120, 5 refills. His work status is that he is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES PER WEEK FOR THE RIGHT KNEE AND RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Additional PT 2 x per week for the right knee and right ankle is not medically necessary per the MTUS guidelines. Per documentation patient has had extensive PT in the past and most recently 12 visits of PT since July 2013. The MTUS Chronic Pain Treatment guidelines recommend up to 10 visits for this condition. Additional therapy would exceed guideline recommendations. There are no extenuating circumstances that would require more PT. The patient is performing a home exercise program and should be well versed in this by now. Furthermore, the request does not indicate a duration of treatment. Therefore, the request for additional physical therapy for 2 x per week for the right knee and ankle is not medically necessary.

ADDITIONAL PHYSICAL THERAPY 2 TIMES PER WEEK ON THE LUMBAR SPINE RIGHT KNEE AND LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Additional physical therapy 2 times per week on lumbar spine, right knee and left ankle is not medically necessary. The documentation indicates that the patient has had 12 PT visits since July of 2013. The patient has had an injury in 2004 and therefore it is unclear how much PT patient has had prior to July. Up to 24 visits of PT for CRPS of the left ankle is permitted. The MTUS Chronic Pain Treatment guidelines recommend up to 10 visits for the lumbar spine and right knee condition. Additional therapy would exceed guideline recommendations for these conditions. Without clarification of amount of prior PT for complex regional pain of the left ankle and due to the fact that patient has exceeded the PT recommendations for the lumbar spine and right knee an additional request of physical therapy on lumbar spine, right knee and left ankle is not medically necessary. Furthermore the request as written does not indicate a duration of therapy. Therefore, the request of additional physical therapy 2 times per week on lumbar spine, right knee and left ankle is not medically necessary.