

Case Number:	CM14-0005639		
Date Assigned:	02/05/2014	Date of Injury:	09/15/2012
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 and Rehabilitation, has a subspecialty in Sport Medicine 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 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 31 year old female who reported an injury on 09/15/2012 secondary to a slip. The injured worker was evaluated on 12/12/2013 for reports of right knee pain. The exam noted the right knee range of motion was 0-130, no crepitation, passive patellar tilt is 0 degrees and 1+ medial joint tenderness. The diagnoses included right knee contusion. The treatment plan included physical therapy. The request for authorization dated 12/16/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2XWK X 3WKS RIGHT FOOT: 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, , 99

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98-99

Decision rationale: The request for additional physical therapy 2 times a week for 3weeks right foot is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that

therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The exam noted reports of right knee pain and the recommendation is for physical therapy for the right knee. However, the request is for the right foot. There is a significant lack of objective evidence of functional deficit of the right foot in the documentation provided. Therefore, the request is not medically necessary