

Case Number:	CM14-0102996		
Date Assigned:	07/30/2014	Date of Injury:	07/16/2004
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 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 underlying date of injury in this case is 07/16/2004. Treating diagnoses include Achilles tendinitis and pes anserine bursitis. On 05/16/2014, the treating orthopedic surgeon submitted a follow-up report. That report discusses an agreed medical examiner report of 02/07/2014 which had recommended a [REDACTED] weight loss program as well as physical therapy to the left knee and right ankle for exacerbations and flare-ups of symptoms. A well-healed incision was noted over the patient's operative site, with loss of motor strength over the right ankle and left knee. The orthopedic surgeon repeated a request for a [REDACTED] weight loss program, noting the patient was unable to exercise on her own due to functional limitations as a result of other industrial injuries. The orthopedic surgeon also requested 12 sessions of physical therapy to the left knee and right knee, based upon the prior agreed medical examiner recommendations. An agreed reexamination of 02/07/2014 reviews the patient's history and notes that the patient has a history of status post right lateral ankle ligament reconstruction in April 2006, compensatory left ankle sprain, and compensatory bilateral knee sprains. That report opines that the patient would benefit from a weight reduction program and the patient desires such treatment through [REDACTED]. That report also opines that in the future the patient should undergo short courses of physical therapy 3 times a week for 6 weeks during episodes of flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program 10 weeks at [REDACTED] program, right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Consultation, page 127.

Decision rationale: The ACOEM guidelines, Chapter 7, Consultation, page 127, discusses that the occupational health practitioner may refer to other specialists if the patient may benefit from such expertise. Overall, the guidelines discuss referrals in the context of referral to other licensed medical professionals. The records do not indicate that there is a medical professional supervision component to the requested [REDACTED] treatment. Therefore, the guidelines would not support a referral to such a program without medical supervision. This request for Weight Loss Program 10 Weeks at [REDACTED] Program, Right Ankle is not medically necessary.

Physical therapy x 12 for the left knee and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical medicine, recommends allowing for a fading of treatment frequency plus active self-directed home physical medicine. The guidelines, therefore, anticipate that this patient would have transitioned to an independent home rehabilitation program by this time. While additional physical therapy may be indicated at times, in order to review or refresh an independent home rehabilitation, it is not apparent from the records or the guidelines why such an extensive therapy program would be needed for such a review. At this time this request for physical therapy is not consistent with the medical guidelines. This request for Physical Therapy X 12 for the Left Knee and Right Ankle is not medically necessary.