

Case Number:	CM14-0013375		
Date Assigned:	03/05/2014	Date of Injury:	06/10/2013
Decision Date:	05/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 & 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:

This 52 year-old female landscape personnel sustained a right knee injury while helping to lift a concrete table on 6/10/13 while employed by [REDACTED]. Request under consideration include PHYSICAL THERAPY 2 TIMES 6 FOR THE RIGHT KNEE AND RIGHT ANKLE. Diagnosis include ankle tarsometatarsal joint sprain. The patient has received at least six prior sessions of therapy, modality of therapeutic exercise. MRI of the right foot on 9/3/13 noted some cartilage loss at tibial hallus sesamoid-metatarsal articulation; subcortical cyst within first metatarsal but with intact MTP joint capsular attachment; and synovial cyst at fourth MTP joint capsule. There is a PT note of 7/1/13 documenting patient with right knee strain with treatment plan of 12 PT visits; conservative care has included physical therapy; TENS; braces; steroid injections; medications; and work restrictions; Exam showed left knee range 0-140 and right side -5 to 130 degrees; 5/5 motor strength with intact sensory exam. Report of 1/2/13 (typo, 2014) from the provider noted patient has follow-up for her foot and knee. Orthotics have improved her symptom complaints. There is history of right knee arthroscopic meniscectomy; however, most current symptoms are for foot and ankle issues. Diagnoses included right ankle sprain; progressive flatfoot. Treatment plan included orthotics and further physical therapy which was non-certified on 1/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 6 FOR THE RIGHT KNEE AND RIGHT ANKLE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines, Physical Medicine, Chronic Pain, Ankle And Foot Complaints

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

Decision rationale: This 52 year-old female landscape personnel sustained a right knee injury while helping to lift a concrete table on 6/10/13 while employed by [REDACTED]. Request under consideration include PHYSICAL THERAPY 2 TIMES 6 FOR THE RIGHT KNEE AND RIGHT ANKLE. Diagnosis include ankle tarsometatarsal joint sprain. The patient has received at least six prior sessions of therapy, modality of therapeutic exercise. MRI of the right foot on 9/3/13 noted some cartilage loss at tibial hallus sesamoid-metatarsal articulation; subcortical cyst within first metatarsal but with intact MTP joint capsular attachment; and synovial cyst at fourth MTP joint capsule. There is a PT note of 7/1/13 documenting patient with right knee strain with treatment plan of 12 PT visits; conservative care has included physical therapy; TENS; braces; steroid injections; medications; and work restrictions; Exam showed left knee range 0-140 and right side -5 to 130 degrees; 5/5 motor strength with intact sensory exam. Report of 1/2/13 (typo, 2014) from the provider noted patient has follow-up for her foot and knee. Orthotics have improved her symptom complaints. There is history of right knee arthroscopic meniscectomy; however, most current symptoms are for foot and ankle issues. Diagnoses included right ankle sprain; progressive flatfoot. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and clinical findings without clear neurological deficits. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee reported therapy helping; however, without clear specific functional improvement in ADLs or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. PHYSICAL THERAPY 2 TIMES 6 FOR THE RIGHT KNEE AND RIGHT ANKLE is not medically necessary and appropriate.