

Case Number:	CM14-0013585		
Date Assigned:	02/26/2014	Date of Injury:	09/25/2013
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
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 Chiropractic Medicine, 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:

According to the available medical records, this is a 34-year-old with ankle injury on November 13, 2013. Previous treatments include physical therapy and medications. Progress report dated January 6, 2014 by the treating doctor revealed intermittent moderate dull, achy, sharp right knee pain, stiffness and weakness, associated with standing, walking and bending. Intermittent moderate dull, achy, sharp right foot pain and stiffness, associated with standing and walking, patient stated PT (physical therapy) sessions helped minimally. Right knee ROM (range of motion) are decreased and painful, +3 tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. McMurray's causes pain. Right foot ROM decreased with mild guarding. Treatment plan to include X-ray of right knee, MRI of right knee and right foot. Referred to MD for medication. Home TENs/EMS unit to help increase ROM and decrease pain. Physical therapy 2x4 to increase ROM, increase activities of daily living and decrease pain. Patient returned to modified work on January 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4 RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369,Chronic Pain Treatment Guidelines Chronic Pain Page(s): 98-99.

Decision rationale: Available medical records show this patient has completed 12 physical therapy visits with no evidence of objective functional improvement. The patient stated that physical therapy sessions help him minimally. The request for physical therapy for the right foot, twice weekly for four weeks is not medically necessary or appropriate.