MAXIMUS Federal Services

Case Number:	CM14-0013960		
Date Assigned:	02/26/2014	Date of Injury:	04/19/2013
Decision Date:	08/01/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 52-year-old male who reported an injury on 04/09/2013 due to a fall between a dock and a truck. The injured worker complained of right knee and ankle pain. He currently complains of constant pain on the back which he rated at 6/10 level on the pain scale. He stated that his pain got worse when he sat and stood for long periods of time. He stated that he had been experiencing difficulty breathing due to his pain. He has been taking his medication as directed. The physical examination of the lower extremity reflexes revealed the right knee was 2+ and the left was 2+. On the ankle, it was 2+ to the right and 2+ to the left. MRI done on 09/03/2013 revealed a 1 mm bulge in the annulus at L4-5. There did not appear to be any significant disc herniation, disc extrusion, or central or neural foraminal stenosis. There did not appear to be any significant abnormality in the alignment of the spine. The injured worker's low back pain was reported to more likely be muscular or musculoskeletal in nature. The injured worker has diagnoses of ankle strain, knee/leg strain; knee contusion, internal derangement, and meniscal tear status post arthroscopic surgery and residual symptomatic chondromalacia. The past treatment includes physical therapy, chiropractic manipulation, home exercise program, and medication. Medications include Flexeril 7.5 mg 1 by mouth 3 times a day as needed, Naprosyn 550 mg 1 tablet twice a day, and Norco 10/325 mg 1 every 4 to 6 hours as needed. The current treatment plan is for 12 physical therapy sessions for the right knee and right foot. The rationale and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE RIGHT KNEE AND RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24..

Decision rationale: The injured worker complained of constant pain on his back, which he rated at 6/10 on visual analogue scale. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend for a meniscectomy, postsurgical treatment of 12 visits over 12 weeks and postsurgical physical medicine treatment of 6 months. The submitted reports show that the injured worker has already received 30 physical therapy visits. In the submitted report there were no progress reports on any of the physical therapy visits as far as functional deficits, progress, or improvements. A report also showed use of medication as far as conservative care, but it did not show whether the medications were helping the injured worker or they were not. Furthermore, the request is for 12 physical therapy sessions for the right knee and right foot exceeding the guidelines recommended by the MTUS at 12 visits over 12 weeks. As such, the request is not medically necessary.