

Case Number:	CM14-0017190		
Date Assigned:	04/14/2014	Date of Injury:	02/13/2012
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 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 56-year-old female who reported an injury on 02/13/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included surgical intervention on the left knee and right Achilles tendon surgery. The injured worker was treated post-surgically with physical therapy and injection therapy. The injured worker was evaluated on 10/07/2013. It was documented the injured worker had continued bilateral ankle pain. It was noted the injured worker did not feel her right ankle, postsurgical physical therapy was aggressive, and additional physical therapy was requested. Physical evaluation of the lumbar spine documented limited range of motion secondary to pain and tenderness to palpation of the paraspinal musculature. The evaluation of the left knee documented tenderness to palpation along the medial joint line with full range of motion of the bilateral knees. It was documented that the injured worker had full range of motion of the right foot and ankle. It was documented that there was tenderness to the Achilles tendon with a slight decrease in her dorsiflexion and a well-healed surgical incision without any signs of infection. The injured worker's diagnoses included a medial and lateral meniscus tear of the left knee, left knee sprain, grade III chondromalacia of the left knee, Baker's cyst of the left knee, right Achilles rupture, low back pain, and Achilles bursitis or tendonitis. The injured worker's treatment plan included continuation of medications, referral to an orthopedic surgeon for her low back pain, physical therapy for the right ankle, and treatment by a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE LEFT FOOT:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS PHYSICAL METHODS, CHAPTER 14, PAGE 370.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The Expert Reviewer's decision rationale: The requested physical therapy 2 times a week for 3 weeks for the left foot is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend physical therapy to address pain, weakness, and range of motion deficits. However, the clinical evaluation submitted for review does not provide any deficits of the left foot that would benefit from physical therapy. An assessment of the left foot was not provided. As such, the requested physical therapy 2 times a week for 3 weeks for the left foot is not medically necessary or appropriate.