

Case Number:	CM14-0115064		
Date Assigned:	08/06/2014	Date of Injury:	07/16/2013
Decision Date:	09/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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:

The injured worker is a 29-year-old male who reported injury on 07/16/2013, reportedly sustained injuries to his right foot, ankle and knee. The injured worker's treatment history included 12 visits of physical therapy sessions, medications, corticosteroid injections and MRI studies. The injured worker was evaluated on 06/02/2014, and it was documented the injured worker was still having residual right knee pain, swelling and catching. Most of the pain occurred during the course of the day with occasional pain at night. He described the pain as constant, dull pain to intermittent sharp pain. The provider noted currently his surgery had been approved, but the provider was awaiting for the approval of the postoperative physical therapy. There had been no changes to his medical health, no gastrointestinal, respiratory or cardiovascular complaints. Physical examination of the right knee revealed there was no deformity or spasm. There was no malalignment of the right knee. There was no swelling or ecchymosis. There is a 1 cm quadriceps atrophy and there was no atrophy of the right calf. Lateral McMurray test was positive on the right knee. There was tenderness about the medial joint line exacerbated with flexion and internal rotation of the knee. Diagnoses included persistent symptomatic right knee chondromalacia and palpable loose bodies. Request for Authorization dated 06/18/2014 was for home exercise kit and 12 physical therapy sessions for the right ankle. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home exercise kit to include marbles, prostretch, exercise band kit jump rope, towel, travel bag: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise & Physical Medicine Page(s): 46 & 98-99.

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The guidelines state for a home exercise kit for the right ankle and foot there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In addition, there was lack of evidence of the injured worker outcome measurements of prior physical therapy. Given the above, the request for 1 home exercise kit to include marbles, prostretch, exercise band kit jump rope, towel, and travel bag is not medically necessary.

12 physical therapy sessions for right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): : 369,376.

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, the provider failed to indicate outcome measurements of home exercise regimen. The provider failed to indicate long-term functional goals and outcome measurements. In addition, the request will exceed recommended amount of visits per the guideline. Given the above, the request for 12 physical therapy visits for the right ankle is not medically necessary.