MAXIMUS Federal Services

Case Number:	CM14-0115923		
Date Assigned:	08/04/2014	Date of Injury:	02/04/2014
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/24/2014

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 Emergency 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:

The injured worker has a reported date of injury on 2/4/2014. Mechanism of injury is described as a twisting of ankle/knee after stepping into a pothole. Patient has a diagnosis of left ankle peroneus brevis tendon tears with 1st-3rd inter metatarsal bursitis, right knee sprain/strain and obesity.Medical records reviewed. Last report available until 5/16/14.Patient complains of left ankle and right knee pain. The worst is with ambulation. Objective exam reveals limp with use of air cast brace. Left lower extremity reveals tenderness to peroneals all the way to the 5th metatarsal insertion, strength in 4/5 with eversion of foot. Strength is otherwise normal. Range of motion is normal. Right knee has tenderness but no swelling and full ROM. Apley, Anterior/Posterior Drawer, Lachman and patellar grind test were negative. McMurray's test was positive. MRI of left ankle (3/17/14) reveals complete/near complete tear of peroneus brevis tendon near 5th metatarsal base. X-ray of right knee (4/1/14) reveals basically normal film with mild degenerative joint disease. X-ray of left ankle (4/1/14) reveals mild degenerative joint disease. No medication list was provided for review. Patient appears to be on Naproxen, Tramadol and a Topical Cream. Patient has reportedly completed acupuncture, physical therapy and received medications. Patient has completed 12 physical therapy sessions .Independent Medical Review is for Physical Therapy for the right knee. As per records, the request is for 6 additional sessions. Prior UR on 6/20/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee (unspecified duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

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

Decision rationale: Prior UR report states that the request for "Physical Therapy" included multiple other components including Functional Capacity Assessment, work conditioning etc. The original request was not found in the provided documentation. I will only review the requested 6 additional Physical therapy sessions since this was documented on record.As per MTUS Chronic pain guidelines, physical therapy sessions may be recommended for up to 10sessions. Patient has already completed 12 sessions. The documentation also does not report improvement in pain or objective function. There is no documentation of home exercise or home directed physical therapy which is required to maintain any PT that patient has already undergone or has been taught. Due to the lack of documentation of benefit of prior PT sessions or basic home maintenance; the additional Physical Therapy Sessions are not medically necessary.