

Case Number:	CM14-0133767		
Date Assigned:	08/25/2014	Date of Injury:	03/11/2012
Decision Date:	11/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 a licensed Chiropractor, 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 46 year old female with chronic pain in her knees, right leg, ankle and foot, date of injury is 03/11/2012. Previous treatments include medications, arthroscopic surgery of the knees, physical therapy, bracings, and injection. Progress report dated 07/02/2014 by the treating doctor revealed patient complaints of pain in the right knee, 4/10 and left knee, 7/10, knees are aching with popping and grinding, right foot and ankle pain rated 5/10 which is achy and occasionally sharp, spasm that will radiates from the Achilles up to the calf at times and very tender to touch. On examination the patient has a mildly antalgic gait, particularly on the right side where she has the Achilles tendinitis, bilateral knees showed full ROM with pain, right foot and ankle showed full ROM with pain. Diagnoses include status post bilateral knee arthroscopies, bilateral knee chondromalacia patella, bilateral knee internal derangement, left knee medial meniscus tear, left knee degeneration, right Achilles tendonitis and partial Achilles tendon tear. The patient has returned to work full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines, Ankle & Foot (updated 7/29/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 99.

Decision rationale: The claimant presents with chronic pain in the knees and right ankle and foot. The available medical records showed the claimant underwent bilateral knees arthroscopic surgery with post-surgical physical therapy treatments before. The request for 12 physical therapy visits also exceeded the guidelines recommendation of 9-10 visits. Therefore, it is not medically necessary.

Chiro/physiotherapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant presents with chronic knees pain, right ankle and foot pain despite previous treatments with surgery, medications, physical therapy. Current MTUS guidelines do not recommend chiropractic treatment for the knee, foot and ankle; therefore, the request for Chiropractic and Physiotherapy Treatments 2x6 for this claimant is not medically necessary.