

Case Number:	CM14-0031425		
Date Assigned:	04/09/2014	Date of Injury:	07/02/2012
Decision Date:	05/28/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Medicine and is licensed to practice in Arizona. 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 patient is a 61 year old male with a date of injury on 7/2/2012. Ongoing symptoms are present in the lumbar spine, right knee, and left ankle. Diagnoses are of right knee meniscal tear, left ankle sprain, mild left achilles tendonitis, lumbar strain, and chronic plantar fasciitis. Current subjective complaints are low back pain with radiation to the bilateral lower extremities with weakness. There is also right knee pain with popping, clicking, and locking. In the left ankle there is sharp and burning pain. Physical exam shows tenderness over Achilles tendon with normal range of motion and strength. Right knee has tenderness posteriorly, and a negative Thompson's sign. Treatments have included 17 physical therapy visits and 4 acupuncture treatments. Other treatment has included medications. X-rays show diffuse hyperostosis in the thoracic spine and a L1 compression fracture, and right knee with early degenerative joint disease of the patellar-femoral compartment. The patient's left ankle has a diagnosis of achilles tendinosis. Prior ankle treatment has included rest/ice, ankle brace, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK FOR 3 WEEKS FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine.

Decision rationale: The Official Disability Guidelines (ODG) physical therapy (PT) guidelines for the knee state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. For knee arthropathy or meniscus tears, the ODG recommends 9 visits over 8 weeks for medical treatment or 12 visits over 12 weeks for post-surgical treatment. This patient has already received 17 visits of physical therapy; therefore, the request for 6 more sessions exceeds guideline recommendations. The request for physical therapy twice a week for three weeks for the right knee is not medically necessary and appropriate.

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) FOR LEFT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Twc-Ankle And Foot Procedure Summary. Criteria for the use of ESWT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: MTUS/ACOEM guidelines and the Official Disability (ODG) guidelines suggest the possible use of extracorporeal shockwave therapy (ESWT) for chronic plantar fasciitis. For Achilles tendinopathy the ODG suggests there is no convincing evidence for use. Due to current guidelines not recommending ESWT for Achilles tendinosis the medical necessity of ESWT is not established for this patient. The request for Extracorporeal Shockwave Therapy (ESWT) for the left ankle is not medically necessary and appropriate.