

Case Number:	CM14-0048841		
Date Assigned:	06/25/2014	Date of Injury:	04/07/2007
Decision Date:	08/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 45-year-old- male suffered industrial injury on 04/07/07. The patient reports chronic and ongoing bilateral knee pain. He also had complaints of pain in the low back, neck with numbness in the left foot, particularly in his big toe. He has a history of crush injury on the left foot. The injured worker is status post left knee arthroscopic surgery and then total knee replacement. Exam has showed decreased range of motion of knees; 0/110 bilaterally, with swelling and tenderness in the left foot as well as antalgic gait. Bilateral Pes Planus is also noted, but no effusion. There was also tenderness on palpation of the arch and dorsum of the foot. Medications: Noco 5/325 mg #60 1 tab po q4-6 hrs prn pain dispensed. Therapy has been provided in the past and additional therapy is requested. Diagnoses: Bilateral advanced osteoarthritis of his knees, left foot pain. Request on 2/24/2014 for Physical Therapy 2x3 bilateral knee and left foot was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 bilateral knee and left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>.

Decision rationale: As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain. PT is recommended as 9 visits over 8 weeks for knee Osteoarthritis. There is insufficient information with respect to the left foot; i.e. there is no mention of range of motion or strength. The records lack detailed pain and functional assessment with prior therapy to support any indication of more PT visits; there is no documentation of any significant improvement in pain or function. Furthermore, as part of any rehab program, the patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Moreover, additional 6 PT visits would probably exceed the guidelines recommendation. Therefore, the request is considered not medically necessary and is not medically necessary.