

Case Number:	CM14-0054226		
Date Assigned:	07/07/2014	Date of Injury:	02/14/2011
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/23/2014

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 and is licensed to practice in Nevada. 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 57-year-old male who was reportedly injured on 2/14/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 3/4/2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated right knee with no swelling and positive tenderness laterally. Range of motion was 0-130. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, injections, and medications. A request had been made for physical therapy of the right knee 2 times a week for 6 weeks, viscosupplementation series, and custom orthotic medial heel wedge and was not certified in the pre-authorization process on 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The injured worker has chronic right knee complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The injured worker is status post right knee arthroscopy; however, date of surgery is unclear. The injured worker has had previous sessions of physical therapy, but the exact number is unknown. The treating physician requested 12 sessions of physical therapy. This request exceeded the recommended number of visits. In the absence of clinical documentation to support additional visits, this request is not medically necessary.

Viscosupplementation series: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): electronically sited.

Decision rationale: Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. After review of the medical records provided, it is noted the patient has received 2 of 3 injections. Therefore, this request is duplicated and is not medically necessary.

Custom orthotic with medial heel wedge: 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).

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

Decision rationale: American College of Occupational and Environmental Medicine guideline states that rigid orthotics are recommended in the treatment of plantar fasciitis. Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. After reviewing the medical documentation provided, there were no findings on physical exam or diagnoses associated with plantar fasciitis or metatarsalgia. Therefore, this request is not medically necessary.