

Case Number:	CM14-0201580		
Date Assigned:	12/11/2014	Date of Injury:	09/24/2013
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 with a reported industrial injury on 09/24/2013. The injured worker was seen on September 25, 2014, for follow-up visit with primary treating physician. The presenting complaints included persistent pain in bilateral knees, ankles and feet the pain had not changed from previous visit on August 25, 2014. The physical examination of bilateral knees revealed decreased range of motion with tenderness over the medial joint line bilaterally with positive Valgus and Varus bilaterally and slightly decreased quadriceps strength. The physical examination of bilateral ankles revealed slightly decreased range of motion, right greater than left, tenderness over the anterolateral portion of the ankle. The physical examination of bilateral feet revealed tenderness over the plantar fascia as well as over the Achilles insertion bilaterally. The diagnostic studies were not discussed in the available records. The injured worker has been diagnosed of bilateral ankle sprain chronic, bilateral knee sprain/strain and bilateral feet plantar fasciitis. Treatments have included six sessions of physical therapy, as of August 7, 2014; Ibuprofen; use of cane; and weight lifting restriction of thirty-five pounds. The physical therapy helped him increase the his walking distance from 40 minutes to one hour. The treatment plan included additional course of physical therapy as the injured worker reports decreased pain with the therapy and refill ibuprofen. At dispute is the request for Physical Therapy to the bilateral extremities, x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the bilateral extremities, x12: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 09/24/2013. The medical records provided indicate the diagnosis bilateral ankle sprain chronic, bilateral knee sprain/strain and bilateral feet plantar fasciitis. Treatments have included six sessions of physical therapy, as of August 7, 2014; Ibuprofen; use of cane; and weight lifting restriction of thirty-five pounds. The medical records provided for review do not indicate a medical necessity for Physical Therapy to the bilateral extremities, x12. The records indicate the injured worker had at least six sessions of physical therapy as at 08/2014; the MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.. During the supervised physical therapy session, 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. Therefore, the requested treatment is not medically necessary and appropriate.