

Case Number:	CM15-0104882		
Date Assigned:	06/09/2015	Date of Injury:	08/19/2014
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 61-year-old female who sustained an industrial injury on 08/19/2014. Diagnoses include cervical sprain/strain, lumbar sprain and strain with L5 radiculopathy, left hip strain, left knee strain and partial tear of the peroneus brevis. Treatment to date has included medications. According to the Orthopedic Primary Treating Physician's Evaluation dated 12/18/14, the IW reported headaches, right elbow tenderness, right knee ache, right hip tenderness, constant pain in the lumbar spine and she was wearing a boot on the right ankle. On examination, there was tenderness over the low back and hypoesthesia of the L5 dermatome. Range of motion of the ankles was painful with tenderness over the right lateral malleolus. MRI of the right ankle on 10/7/14 was evidence suggestive of a low-grade osteochondral injury; low grade medial cord plantar fasciitis; focal split thickness tearing of the peroneus brevis; insertional Achilles tendinosis and loss of sinus tarsal fat, suggestive of sinus tarsal syndrome. A request was made for physical therapy for the right knee and bilateral ankles twice weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee and bilateral ankle, 2 times weekly for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the right knee and bilateral ankle, 2 times weekly for 4 weeks is not medically necessary and appropriate.