

<b>Case Number:</b>	CM15-0106266		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female patient, who sustained an industrial injury on 7/21/2009. The diagnosis includes knee pain. Per the doctor's note dated 4/30/15, she had complaints of ongoing left knee and left ankle/foot pain. The physical examination revealed tenderness to the left knee and painful range of motion in lumbar spine. The medications list includes celebrex. Prior diagnostic study reports were not specified in the records provided. She has had physical therapy visits for this injury. The medical records submitted for this review did not include documentation of the initial injury or prior treatments to date. The plan of care included additional physical therapy sessions for the left knee/ankle/foot and a referral for an orthopedic specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 (left knee, ankle and foot): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy 2x6 (left knee, ankle and foot) is not medically necessary or established for this patient at this time.

**Consultation with an orthopedic specialist (left ankle and foot):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had left knee and left ankle/foot pain. Patient has significant objective findings on the physical examination-tenderness to the left knee and painful range of motion in lumbar spine. Evaluation with orthopedic is medically appropriate to evaluate left lower extremity symptoms and manage her chronic pain. The request of Consultation with an orthopedic specialist (left ankle and foot) is medically appropriate and necessary.