

Case Number:	CM15-0106559		
Date Assigned:	06/10/2015	Date of Injury:	01/16/2012
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male, who sustained an industrial injury on 1/16/12. The injured worker has complaints of right knee pain. The diagnoses have included knee/leg sprain. Treatment to date has included electromyography/nerve conduction velocity study on 12/11/14 showed increased temporal dispersion of the peroneal nerve along the fibular head indicating mild conduction block and entrapment at the fibular head. The request was for physical therapy 3x week x 4 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 4 weeks for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines knee/elbow physical therapy <http://www.nlm.nih.gov/medlineplus/ency/article/000791.htm>.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines do not directly address this issue of treatment for common peroneal nerve compression, but they do address physical therapy for other nerve compression syndromes and the principles would be the same. For this condition, physical therapy plays a role in education on how to avoid repeat injury and how to maintain strength through safe exercises which is recommended in standard treatment text's The therapy itself does not hasten healing. For other compression nerve syndromes up to 6 sessions are generally considered adequate with follow through by the patient of what has been instructed. This individual has completed 8 sessions and the medical necessity for an extension of another 12 sessions of hands on therapy is not supported by Guideline principles. A few more sessions to renew physical therapy instruction may be reasonable, but the request for an additional 12 sessions of hands on therapy is not medically necessary.