

Case Number:	CM15-0162962		
Date Assigned:	08/31/2015	Date of Injury:	06/28/2011
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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, Hawaii
 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 is a 63 year old male, who sustained an industrial injury on June 28, 2011, incurring low back and right knee injuries. He was diagnosed with a right knee anterior cruciate ligament instability, cervical spine strain and lumbar strain with right radiculopathy. Treatment included physical therapy and home exercise program, aqua therapy, and lumbar traction, pain medications, bracing and modified activities. He underwent a right total knee replacement in December 2014. Currently, the injured worker complained of persistent low back pain radiating into the buttocks down the left leg and into the ankle. He noted increased right knee pain and right knee clicking. He had swelling and tenderness and limited range of motion in the right knee. The treatment plan that was requested for authorization included physical therapy for the right knee and a purchase of functional orthotics for both feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Decision rationale: The records indicate the patient has ongoing complaints of right knee and low back pain. The current request is for Physical Therapy 2 times a week for 4 weeks right knee. The CA MTUS guidelines do recommend physical therapy and states for, "Myalgia, myositis and neuritis type conditions, unspecified (ICD9 729.1): 8-10 visits over 8 weeks." In this case the documentation is very slim. The records indicate the patient has been authorized physical therapy. There is no documentation to establish how many physical therapy sessions have been completed and what type of response the patient has made from the physical therapy. Eight additional physical therapy sessions exceeds the MTUS guidelines, and there is nothing in the records which would justify exceeding the guidelines. As such, the available medical records provided do not establish medical necessity for the requested physical therapy 2 times a week for 4 weeks. The request is not medically necessary.

Functional orthotics for bilateral feet (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter, Orthotic devices.

Decision rationale: The records indicate the patient has ongoing complaints of right knee and low back pain. The current request is for Functional Orthotics for bilateral feet (Purchase). The attending physician feels functional orthotics may improve weight bearing tolerance. The MTUS guidelines does not address orthotics. The ODG does recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). In this case, the patient is not diagnosed with plantar fasciitis or foot pain of any type. The guidelines do not recommend functional orthotics as an attempt to improve weight bearing tolerance in patients with knee and low back pain. As such, the minimal documentation made available for review offers nothing to support the request and therefore the request is not medically necessary.