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| Case Number: | CM15-0209974 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 07/15/2015 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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 58 year old male who sustained an industrial injury July 15, 2015. Past history included status post total knee arthroplasty December 1, 2014 and status post right subtalar fusion performed 1982 for trauma and infection. A treating physician's notes dated July 15, 2015, documented the injured worker is having physical therapy at another facility (unspecified completed sessions) and that x-rays of the right ankle, right foot, right knee, and right tibia and fibula, revealed no acute fractures or abnormalities. Initial treatment included; wear a right knee brace, apply ice pack, use support hose and sit only for work. According to an initial orthopedic evaluation report dated September 21, 2015, the injured worker presented with complaints of right knee pain and right foot and ankle pain. Current medication included ibuprofen and Norflex. Objective findings included; gait antalgic, right; right knee-multiple well healed incisions, moderate swelling with tenderness medially patella well situated within the trochlear notch when seated and knee flexed at 90 degrees, range of motion of the knee is 120-0, no varus or valgus instability, sensation intact; right foot and ankle- movement of all digits normal, marked tenderness and swelling dorsal aspect of the ankle, anterior drawer negative, sensation intact. Diagnoses are contusion of the right knee with a medial collateral ligament strain Grade 2, status post knee arthroplasty; sprain of right ankle. Treatment plan included referral to a podiatrist and urine toxicology screen. At issue, is a request for authorization for orthotics, one pair and physical therapy for the right knee. According to utilization review October 16, 2015, the requests for orthotics consult and fitting, one pair and physical therapy three (3) times a week for four (4) weeks are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics, consult and fitting, one (1) pair: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 6/22/15) Orthotic devices.

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 patient presents with right knee, right foot and right ankle pain. The current request is for Orthotics, consult and fitting, one (1) pair. The treating physician's report dated 09/21/2015 states, "At this time this patient requires orthotics for his right foot, as he needs support due to quite a bit of swelling." X-rays of the right knee, 12/01/2014, showed soft tissue swelling with no obvious loosening of the components of the total knee arthroplasty. X-ray of the right foot (date unknown), showed marked soft tissue swelling. The patient is status post subtalar fusion in good position. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the ankle and foot chapter on Orthotic Devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "Both prefabricated and custom orthotic devices are recommended for plantar heel pain -plantar fasciitis, plantar fasciosis, and heel-spur syndrome. Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom-made orthosis in people who stand for more than eight hours per day." The patient does not have a diagnosis of plantar fasciitis, plantar fasciosis or heel-spur syndrome. In this case, the patient does not meet the criteria based on the ODG Guidelines for orthotics. The current request is not medically necessary.

Physical therapy, 3x a week for 4 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right knee, right foot and right ankle pain. The current request is for Physical Therapy, 3 times a week for 4 weeks (12 sessions). The treating physician's report dated 09/21/2015 (28A) does not provide a rationale for the request. Physical therapy reports were not provided for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The progress report dated 06/11/2015 (11C) notes, "Patient previously had good results with a prior physical therapy sessions but remains symptomatic and greatly benefit from additional therapy." In this case, while the patient reports great benefit with physical therapy, the requested 12 sessions exceed MTUS Guidelines. The current request is not medically necessary.

