

Case Number:	CM15-0223021		
Date Assigned:	11/19/2015	Date of Injury:	10/20/2013
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 10-20-13. The injured worker was diagnosed as having chronic pain syndrome, knee pain, low back pain and tibialis tendinitis. Subjective findings (7-2-15, 7-30-15 and 8-12-15) indicated left ankle pain and right lower extremity pain. Objective findings (7-2-15, 7-30-15) revealed pain and swelling in the left arch. As of the PR2 dated 9-23-15, the injured worker reports pain around the outside of the right foot and bottom of the right foot and tenderness and swelling around the right knee. The treating physician noted tenderness around the bottom of the right heel and around the medial aspect of the right knee. Treatment to date has included physical therapy for the cervical spine, right knee, right ankle, and lumbar spine, Flector patch and Lyrica. The Utilization Review dated 10-14-15, non-certified the request for a referral for 8 physical therapy visits for the right knee and foot, an MRI of the right foot joints and a right knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for 8 physical therapy visits for the right knee and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short-term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, there was record suggesting prior physical therapy for the right leg/knee/ankle, however, no actual reports were provided by the physical therapist. The number of completed physical therapy sessions completed was not found, nor a report on effectiveness on pain and function was found in the notes provided for review. The provider stated that the physical therapist wished the patient 8 more sessions, which led to the provider requesting these additional eight sessions. However, there isn't enough evidence of inability to perform home exercises as the main method of therapy, nor enough evidence of benefit from supervised therapy. Therefore, this request for physical therapy for the right knee and foot will be considered medically unnecessary.

MRI of the right foot joints: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks or activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Imaging, such as MRI, may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist conditioning. In the case of this worker, there was insufficient objective physical findings to warrant imaging of the right foot. No instability or positive provocative testing suggested a need for follow-up testing. Also, the amount of physical therapy and skill with home exercise was not fully described. Therefore, this request for MRI right foot joints will be considered medically unnecessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was insufficient objective physical findings to warrant imaging of the right knee. No instability or positive provocative testing suggested a need for follow-up testing. Also, the amount of physical therapy and skill with home exercise was not fully described. Therefore, this request for MRI right knee will be considered medically unnecessary.