

Case Number:	CM15-0039553		
Date Assigned:	03/09/2015	Date of Injury:	07/05/2012
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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 64-year-old male who sustained an industrial injury on 07/05/2012. Current diagnoses include left distal third tibia and fibula fracture, subsequent left leg compartment syndrome with residual weakness, non-united fibula fracture status post conversion to intramedullary, left knee pain and crepitus secondary to intramedullary nailing, and lumbar spine sprain/strain due to compensatory factors and antalgic gait. Previous treatments included medication management, left leg surgery, and physical therapy. Report dated 11/12/2014 noted that the injured worker presented with complaints that included lumbar spine, bilateral shoulder, left knee and left ankle pain. Physical examination was positive for abnormal findings. The physician noted that the injured worker has showed increased functionality with current physical therapy completed, noting that he has completed 9 out of 12 sessions previously authorized. The treatment plan included pending authorization for chiropractic treatments to the lumbar spine, request for additional physical therapy, two times per week for six weeks for the left ankle, left foot, and left knee, and pending authorization for Kera-tek analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left ankle, left foot and left knee 2 times a week for 6 weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary last updated 12/22/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Physical therapy.

Decision rationale: The requested Physical therapy for the left ankle, left foot and left knee 2 times a week for 6 weeks, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and Official Disability Guidelines, Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has lumbar spine, bilateral shoulder, left knee and left ankle pain. Physical examination was positive for abnormal findings. The physician noted that the injured worker has showed increased functionality with current physical therapy completed, noting that he has completed 9 out of 12 sessions previously authorized. The treating physician has not documented the medical necessity for additional physical therapy beyond two sessions for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy for the left ankle, left foot and left knee 2 times a week for 6 weeks is not medically necessary.