

Case Number:	CM15-0042412		
Date Assigned:	03/12/2015	Date of Injury:	04/24/2014
Decision Date:	05/05/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 35 year old female, who sustained an industrial injury on 04/24/2014. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include right ankle/distal fibular fracture, minimally displaced, left knee degenerative joint disease with internal derangement. Treatments to date include activity modification and rest. Currently, they complained of right ankle pain and left knee pain rated 6-7/10 VAS. On 2/3/15, the physical examination documented tenderness over the lateral aspect of the right ankle. Left knee revealed decreased range of motion and painful crepitation. The provider documented original request for physical therapy and an open MRI of the left knee in July 2014 was still pending authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Physical Therapy 3 Times A Week for 4 Weeks for The Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing right ankle and left knee pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for twelve physical therapy sessions for the right ankle done three times weekly for four weeks is not medically necessary.

Retro Open MRI Scan Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-352.

Decision rationale: The MTUS Guidelines recommend the use of MRI imaging of the knee to confirm a meniscal tear if surgery is being considered; to determine the extent of an anterior or posterior cruciate ligament tear; to confirm patellar tendinitis only if surgery is being considered; and to confirm prepatellar bursitis, ligament strain and patellofemoral syndrome when needed. The submitted and reviewed documentation indicated the worker was experiencing right ankle and left knee pain. There was no discussion suggesting a concern for any of the above issues, reporting that surgery was being considered, or detailing special circumstances that supported this imaging study in this setting. In the absence of such evidence, the current request for an open MRI of the left knee without contrast is not medically necessary.