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| Case Number: | CM15-0056798 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 08/19/2014 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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 61 year old female, who sustained an industrial injury on 8/19/2014. She reported falling after twisting her right foot on a mat. The injured worker was diagnosed as having history of left ankle surgery, and right knee surgery, cervical spine sprain/strain, lumbosacral sprain/strain with L5 radiculopathy, left hip strain, left knee strain, and partial tear right peroneal brevis. Treatment to date has included medications, magnetic resonance imaging, CAM boot, physical therapy, and x-ray. On 12/18/2014, she complained of neck pain with headaches, right elbow tenderness, right knee aching, right hip tenderness, and lumbar spine with constant ache. She is seen wearing a boot for the right ankle. The treatment plan included right ankle surgery, physical therapy, right aircast ankle brace, Anaprox, Ultram, Prilosec, and urine toxicology screening. The record indicates a recommendation of repeat magnetic resonance imaging of the right ankle to see if the tear has healed and to avoid surgery. On 2/11/2015, she has bilateral ankle pain, low back pain, and right knee pain. The treatment plan included magnetic resonance imaging of bilateral knees, Anaprox, Norco, Prilosec, and a surgical consultation. The request is for surgical consultation for the right ankle, physical therapy for the lumbar spine, right hip, right knee and right ankle, aquatic physical therapy for the lumbar spine and left hip, and magnetic resonance imaging of the right knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times 4 weeks for lumbar, right hip, right knee and right ankle: Upheld

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

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

Decision rationale: The IW is a 62 year old woman with history injury to the low back, right hip, knee and ankle. Request is for physical therapy 2 times per week for 4 weeks. The MTUS guidelines for PT recommend 8-10 sessions for myalgia or neuritis type conditions to control pain, inflammation and swelling. The medical records provided indicate that the IW has been through a course of PT. There is no documentation of a flare-up. The IW should have learned an independent home program in her first course of PT. There is no documentation to support physical therapy of the back, knee or ankle and no new injuries or diagnoses are documented to support this request. Medical necessity has not been established by the guidelines and recommendation is for denial.

Aquatic physical therapy 2 times 4 for lumbar and left hip: Upheld

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

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

Decision rationale: The IW is a 62 year old woman with history injury to the low back, right hip, knee and ankle. Request is for physical therapy 2 times per week for 4 weeks. The MTUS guidelines for PT recommend 8-10 sessions for myalgia or neuritis type conditions to control pain, inflammation and swelling. The medical records provided indicate that the IW has been through a course of PT. There is no documentation of a flare-up. The IW should have learned an independent home program in her first course of PT. There is no documentation to support physical therapy of the back, knee or ankle and no new injuries or diagnoses are documented to support this request. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentations are provided. In addition, if the IW was able to participate in a dry land PT program, she would be considered too high level for aquatic therapy in this instance. It would be reasonable for the IW to receive aquatic therapy to learn an independent exercise program because of her inability to bear full weight on the right side. However, this information was not provided. Medical necessity has not been established by the guidelines and recommendation is for denial.

MRI right knee and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI Ankle, MRI.

Decision rationale: The IW is a 62 year old woman with history injury to the low back, right hip, knee and ankle. Request is for MRI of the right knee and left ankle. The ODG guidelines support MRI of the knee following acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. ODG supports MRI of the ankle if osteochondral injury or tendonopathy is suspected. Both sections also require some documentation of x-ray findings. In this case, it is clear that the IW has not responded completely to treatment and still has significant impairment. However, there are no x-rays of the right knee or left ankle. There are no findings documented except for pain to palpation. There is no documentation of a detailed physical exam of the requested body parts, while there is detailed description of other body parts. Medical necessity has not been established by ODG and recommendation is for denial.