

Case Number:	CM15-0084267		
Date Assigned:	05/06/2015	Date of Injury:	06/28/2012
Decision Date:	07/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	05/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 6/28/2012. Diagnoses include internal derangement of left knee, sprain/strain of left ankle and internal derangement of the left ankle and left foot. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 3/12/2015, the injured worker reported no significant improvement since the last exam. She continues to have left knee and ankle pain. She also has instability and pain going up and down the stairs. Physical examination revealed effusion about the left knee with tenderness to pressure. There was edema noted about the left ankle with tenderness to pressure over the left ankle joint. The plan of care included diagnostics and physical therapy and authorization was requested for physical therapy for the left knee/ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left knee/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in June 2012 and continues to be treated for left knee and ankle pain. Treatments included 5 physical therapy sessions in 2012. When seen, there had been no improvement. She was having pain and instability when negotiating stairs. There was left knee tenderness with an effusion. McMurray's testing was positive. There was ankle tenderness without instability. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested (12) is in excess of that recommended and was not medically necessary.