

Case Number:	CM15-0085952		
Date Assigned:	05/07/2015	Date of Injury:	05/31/2002
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old female with an industrial injury dated 5/31/2002. The injured worker's diagnoses include status post left knee internal repair residual pain and left ankle internal derangement. Per documentation she had a left knee arthroscopic lateral meniscectomy, medial femoral chondroplasty and lateral tibial micro fracture surgery on 6/28/13. The patient is status post 11/24/14 BLE EMG/NCS which was reported normal. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 3/26/2015, the injured worker reported knee and ankle pain. Objective findings revealed normal gait, decrease range of motion of the left knee and left ankle, tenderness to palpitation in the left knee with crepitus , tenderness at the lateral aspect of the calcaneus, decreased motor strength at the bilateral in the left lower extremity secondary to pain and slightly decreased sensation in the left lower extremity. The treating physician prescribed services for 18 physical therapy visits, 1 Electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities and 12 shockwave therapy sessions, for the left knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Visits: Upheld

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

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

Decision rationale: 18 Physical Therapy Visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has knee and ankle pain. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had prior knee PT. It is unclear why the patient would require 18 supervised therapy visits for this condition as she should be versed in a home exercise program. Furthermore, the request exceeds the recommended 10 visits by the MTUS without extenuating factors that would necessitate 18 supervised visits. Additionally, the request does not specify the body part for this therapy. For all of these reasons 18 physical therapy visits are not medically necessary.

1 EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: 1 EMG/NCV of the Bilateral Lower Extremities is not medically necessary per the MTUS Guidelines. The MTUS ACOEM Guidelines states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation does not reveal significant changes from prior examination dated 11/15/14. The EMG/NCV dated 11/24/14 revealed a normal study. It is unclear how a repeat EMG/NCS will change the treatment plan for this patient. The request for 1 EMG/NCV of the bilateral lower extremities is not medically necessary.

12 Shockwave Therapy Sessions, for the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- Extracorporeal shock wave therapy (ESWT).

Decision rationale: 12 Shockwave Therapy Sessions, for the Left Knee is not medically necessary per the ODG. The MTUS does not address this treatment for the knee. The ODG states that ESWT is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. The documentation does not indicate that the patient has either condition therefore the request for shockwave therapy to the knee is not medically necessary.