

Case Number:	CM14-0168702		
Date Assigned:	10/16/2014	Date of Injury:	09/27/2013
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38-year-old male laborer sustained an industrial injury on 9/27/13. Injury occurred when a tractor ran over his feet while he was unloading equipment from a work truck. He sustained bilateral tibial fractures and burst injury of the left ankle. He underwent bilateral knee and ankle surgery in late September 2013, left ankle hardware removal and skin graft in October 2013, and left knee manipulation under anesthesia on 2/19/14. Records indicated that the patient had attended 34 visits of outpatient physical therapy as of 4/28/14 with active left knee range of motion of 20-70 degrees and passive motion 10-90 degrees. The 8/20/14 initial orthopedic report cited constant bilateral knee, ankle and foot pain, increased with standing, walking, and prolonged sitting. Pain was worse on the left. There was cramping and spasms in the legs, knees, calves, and feet, and numbness and tingling in the feet and heels. There was clicking, popping, locking, swelling, and give way weakness in the knees and ankles. His feet were sensitive to touch. Difficulty was reported with prolonged standing and walking, stairs, and sleeping. He was ambulating with crutches and an altered gait. Medications and ice/heat provided temporary pain relief. Lumbar spine exam documented paravertebral muscle tenderness and spasms, mild loss of range of motion with pain in all ranges, and negative mechanical and nerve tension signs. The patient was able to toe/heel walk and squat with pain. There was decreased sensation over the left lateral/posterior leg and mid and outer foot. Deep tendon reflexes were within normal limits. There was left 4/5 knee flexion/extension weakness. Bilateral knee exam documented ecchymosis, incisions and deformities bilaterally, patellar crepitus with firm compression on the left, and pain with patella compression bilaterally. There was bilateral lateral joint line tenderness, and medial and lateral patella tenderness on the right. The patient was unable to fully extend the left knee. Bilateral ankle exam documented ecchymosis and tenderness over the medial and lateral malleolus, anterior talofibular ligament, and peroneal tendons. Bilateral knee

x-rays demonstrated diminished medial, lateral, and patellofemoral joint spacing on the right, and sharpening of the tibial spines bilaterally. The proximal end of the internal tibial fixation rod was in good position. Bilateral tibia and fibula x-rays showed evidence of bilateral midshaft tibia fracture with good fixation alignment. The diagnosis was bilateral knee and ankle tendinitis/bursitis, status post bilateral tibial fractures. The most significant finding was gait derangement and inability to extend the left knee to 0 degrees. There was a deformity of the left quadriceps muscle. The treating physician requested EMG/NCV of the bilateral lower extremity to determine whether the patient was suffering from radiculopathy versus peripheral nerve entrapment due to the significant deformity at the time of injury and multiple surgical wounds. A left knee CT arthrogram was requested due to the multiple metallic implants. A functional capacity evaluation was requested to assess work restrictions. The patient was to attempt to return to modified work with specific work restrictions outlined. Authorization for twelve physical therapy sessions was requested to attempt to increase left knee range of motion. The 9/23/14 utilization review modified the request for 12 physical therapy visits to 6 visits for the current flare-up. The request for bilateral lower extremity EMG/NCV testing was denied as there was no documentation of neurologic deficits to support the need for this study. The request for functional capacity evaluation was denied as there was no evidence that there was any intention to return this patient to work at this time. The request for CT arthrogram of the left knee was denied as there was no evidence of recent therapy or how this test would change the treatment plan for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical therapy left knee time 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical therapy guidelines; Knee and Leg, Physical medicine treatment

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines support physical therapy treatment for tendinitis and abnormality of gait. Guidelines state that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). The 9/23/14 utilization review recommended modified of the request for 12 visits to 6 visits to allow for treatment of the apparent flare-up. There is no compelling reason to support the medical necessity of additional physical therapy treatment prior to completion of the 6-visit clinical trial and assessment of functional benefit. Therefore, this request is not medically necessary.

Associated Surgical Service: EMG/NCVV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 13 Knee Complaints Page(s): 343, 347, 377.

Decision rationale: The California MTUS do not recommend electrical studies without clinical evidence of foot/ankle entrapment neuropathies. Electrical studies are contraindicated for nearly all knee injury diagnoses. Guideline criteria have not been met. There is no current physical exam evidence suggestive of lumbar radiculopathy or focal neurologic deficit to support the medical necessity of electrodiagnostic testing at this time. Therefore, this request is not medically necessary.

Associated Surgical Service: Functional Capacity Evaluation related to trunk and bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7 page(s) 137-138 Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: The California MTUS guidelines state that there is little evidence that functional capacity evaluations (FCE) predict an individual's actual capacity to perform in a workplace citing that an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances. The Official Disability Guidelines support the use of an FCE when the patient is close to or at maximum medical improvement and the worker is actively participating in determining the suitability of a particular job. Guidelines also support FCE when case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. Guideline criteria have not been met. There is no evidence that the patient is close to or at maximum medical improvement relative to this injury. The patient has been released to attempt modified work with specific work restrictions outlined. There is no evidence that there is a modified position for this patient to return to. There is no evidence of unsuccessful return to work attempts, or conflicting medical reporting on precautions and/or fitness for a modified job. Therefore, this request is not medically necessary.

Associated Surgical Service: CT arthrogram of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Arthrography Other Medical Treatment Guideline or Medical Evidence: Knee disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-503.

Decision rationale: The California MTUS guidelines do not provide specific recommendations for CT arthrography. The ACOEM guidelines recommend CT scan for evaluating patients who needed advanced imaging, but have contraindications for MRI. Guidelines do not support routine use for evaluating acute, sub-acute or chronic knee pain. The Official Disability Guidelines recommend arthrography as a post-operative option to help diagnosis a suspected residual meniscal tear or recurrent tear, for meniscal repair or meniscal resection of greater than 25%. Guideline criteria have not been met. There is no current clinical exam evidence consistent with meniscal tear to support the medical necessity of imaging as indicated by guidelines. There are no detailed potential vascular issues documented on the clinical exam or radiographs suggestive of impinging screws at the popliteal artery or diminished pulses. Therefore, this request is not medically necessary.