

Case Number:	CM13-0059455		
Date Assigned:	12/30/2013	Date of Injury:	11/30/2010
Decision Date:	06/26/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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

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 (IW) is a 31-year-old male who sustained an industrial injury on 11/30/2010. He reported right ankle pain. His diagnoses are pain in joint ankle/ foot and pain in joint lower leg. Treatment to date has included conservative treatment, tarsal tunnel injections, topical medications and modified duties. Currently, the injured worker complains of pain in the right ankle and right knee. In the encounter note of 05/10/2013, it states that the right knee was evaluated and the worker felt to not be a surgical candidate. The Injured Worker is seen for chronic right knee and right ankle pain. The notes further states "For the right knee, he has finished PT and he continues with HEP (home exercise program) ". In the encounter note of November 4, 2014, the right knee was examined and was non-tender to palpation and without erythema, swelling or warmth. Range of motion was decreased 20% with flexion. Crepitus and grinding was present with palpation and range of motion. Anterior posterior drawer test, lateral/medial collateral ligament stress test and McMurray's sign were negative. The ankle exam was done by the podiatrist. The plan for the knee was for additional Physical therapy. Twelve (12) Physical Therapy visits for the right knee were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Knee- 12 visits: Upheld

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

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

Decision rationale: The patient was injured on 11/30/10 and presents with chronic right ankle and right knee pain. The request is for Physical Therapy for the Right Knee 12 visits. There is no RFA provided and the patient is working with modified duties and is "able to tolerate this generally well." There is no indication of any recent surgery the patient may have had. MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The reason for the request is not provided. The 09/06/13 report states that the "patient previously had some physical therapy." In this case, the patient has had prior physical therapy; however, there is no indication of when these sessions took place, how many total sessions of therapy the patient, or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. The request is not medically necessary.