

Case Number:	CM13-0070475		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2010
Decision Date:	01/28/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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. The expert reviewer is Board Certified in Physical Medicine Rehab 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:

The claimant is a 47-year-old female deli clerk and cake decorator who developed back and lower extremity pain gradually at work around July 19, 2010. The attending physician report dated 12-4-13 indicates the claimant continues to complain of persistent knee pain R>L along with persistent pain in both feet, more pronounced on the right. Physical exam notations indicate mild swelling about the knee. Ligament stress tests are negative. Pain provocation with knee flexion beyond 45-60 degrees. Lachman test is negative. Notations also suggest the claimant has flexible pes planus causing forefoot pronation and collapse of the medial arch. The claimant has undergone approximately 12 sessions of physical therapy without significant benefit per the records. The claimant declined cortisone injections per the record. The current diagnoses are: 1. Chondromalacia patella, bilateral 2. Plantar fasciitis, per AME report 3. Flexible pes planus with forefoot pronation and collapse of medial arch. The UR report dated 12-3-13, denies the request for ADDITIONAL PHYSICAL THERAPY FOR THE LEFT KNEE QTY: 8.00, and MOLDED ORTHOTICS, QUANTITY 1 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy For The Left Knee: Upheld

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

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

Decision rationale: The claimant has persistent complaints of bilateral knee pain and bilateral foot pain. The request is for Additional Physical Therapy For The Left Knee Qty:8.00. The attending physician recommends additional physical therapy after stating that previous physical therapy was not beneficial. The MTUS guidelines recommend physical therapy for chronic pain for myalgia and myositis, 9-10 visits over 8 weeks plus active self-directed home physical therapy. Based upon the documentation provided for review, the claimant has already undergone 12 sessions of physical therapy which exceeds the MTUS guidelines. Additional physical therapy would further exceed MTUS guidelines. Prior physical therapy was considered non-beneficial. The claimant should be performing a home exercise program in a self-directed capacity. This request is not medically necessary.

Molded Orthotics, Quantity: Overturned

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

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

Decision rationale: The claimant has persistent complaints of bilateral knee pain and bilateral foot pain. The request is for Molded Orthotics, Quantity 1. The MTUS guidelines do not address orthotics. The ODG does recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. The attending physician and the AME examiner both agree that the claimant has plantar fasciitis. This request is medically necessary.