MAXIMUS Federal Services

Case Number:	CM15-0013950		
Date Assigned:	02/02/2015	Date of Injury:	07/05/2012
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/23/2015

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: California, Arizona
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 is a 54-year-old male who reported an injury on 07/05/2012. The mechanism of injury was not provided. His diagnoses include left distal third tibia and fibula fracture, left leg compartment syndrome, tibia fracture, left ankle post traumatic osteoarthritis, left knee pain, and lumbar sprain/strain. Current medications were not provided. Surgical history was not provided. Diagnostic studies were not provided. Other therapies were noted to include 9 session of physical therapy and an assistive device. On 11/12/2014, the injured worker was seen for lumbar spine, bilateral shoulder, left knee, and left ankle pain. The injured worker noted there was persistent pain in the low back at a 3/10 to 4/10. His bilateral shoulder pain was 3/10 to 4/10 that was constant and slightly worse that was radiating up the cervical spine. It could be worsening from the use of a cane. His left knee pain was a 4/10 to 6/10 and was intermittent. His left ankle pain was 2/10 to 3/10 and constant . The injured worker had completed 9/12 physical therapy sessions. He is showing increased functionality. However, he still had pain .The pain is better with taking Motrin. Examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinals. The Kemp's sign was positive bilaterally. There was decreased strength at 4/5 on the left at L4, L5, and S1. There was decreased sensation on the left at L5 and S1. Exam of the shoulders revealed limited range of motion bilaterally. Neer's impingement and Hawkins impingement tests were positive bilaterally. Muscle strength was 4/5 on the right. Examination of the left knee revealed limited range of motion. There was tenderness to palpation over the patellar tendon and medial joint line. The patellofemoral grind test was positive. Exam of the left ankle and foot revealed

decreased range of motion. The big toe had decreased range of motion with flexion and extension secondary to the surgical repair. The treatment plan is for chiropractic treatment for the lumbar spine, additional physical therapy for the left foot and left knee, and KeraTek analgesic gel. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left ankle, left foot, and left knee two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The request for physical therapy for the left ankle, left foot, and left knee two times a week for six weeks is not supported. The California Medical Treatment Utilization Schedule (MTUS) guidelines state passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The guidelines recommend a maximum of 10 visits. The injured worker had been authorized for 12 visits. It was noted the injured worker had increased functionality. The injured worker should have ample time to have completed training for a home exercise program. The request exceeds the guidelines recommendations. As such, the request is not medically necessary.