

Case Number:	CM15-0178188		
Date Assigned:	09/18/2015	Date of Injury:	05/15/2015
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48-year-old male who sustained an injury on 5-15-15 resulting when he was climbing a pole and when he came down, he experienced sharp pain over the left knee. Diagnoses are plantar fasciitis, knee, leg sprain and chondromalacia. The current examination on 7-28-15 indicates he presents for knee pain that is worse on the left than right. This pain has been ongoing for the last 2 months that has slowly improved with physical therapy. He continues to have pain over the anterior knee that is mild in nature; worse with bending and kneels and has undergone 8 sessions of physical therapy. Physical examination bilateral knee range of motion is 0 - 140; tenderness to palpation over the patellofemoral joint; no significant pain over the medial lateral joint line; no gross effusion. X-rays reviewed show osteoarthritis in bilateral knees worse over the patellofemoral joint. The treatment plan included extending his physical therapy one a week for 6 weeks for ongoing strengthening of the patellofemoral joint. He can return to modified work. MRI 7-27-15 reveals mild right plantar fasciitis. The podiatrist exam on 7-28-15 indicates he has limited range of motions and essentially dysfunction when considering the limited range of motion through the hamstrings and gastrocnemius soleus. His symptoms are rated 9 out of 10 on initial weight bearing and also positional dependent on activity. He is reluctant to continue with medications and is insisting on prolotherapy. Current requested treatments prolotherapy; physical therapy once a week for 6 weeks for the right ankle and foot. Utilization review 8-6-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolotherapy: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) prolotherapy.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG does not recommend prolotherapy, due to a lack of sufficient evidence to support its benefits and efficacy. The patient has not failed more conventional conservative therapy per the provided medical records. Therefore, the request is not medically necessary.

Physical therapy once a week for 6 weeks for the right ankle and foot: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. 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. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of

recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.