

Case Number:	CM15-0045270		
Date Assigned:	04/14/2015	Date of Injury:	06/22/2014
Decision Date:	05/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania, Ohio, 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 is a 55 year old female, who sustained an industrial injury on 6/22/14. The injured worker has complaints of right knee pain described as burning, throbbing and sharp. The diagnoses have included tear of medial meniscus of the right knee; tear of lateral meniscus of the right knee and left ankle sprain/strain. Treatment to date has included X-ray of right knee; knee brace; magnetic resonance imaging (MRI) of the right knee showed a meniscal tear; X-ray of the left ankle showed no fractures, an ankle brace and crutches were prescribed and physical therapy. The request was for physical medicine three times two weeks evaluation and treatment for left ankle and functional capacity evaluation times one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine three times two weeks evaluation and treatment for left ankle: 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Functional capacity evaluation times one: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 125.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case, the records do not clearly document a job description and concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.