MAXIMUS Federal Services

Case Number:	CM15-0070142		
Date Assigned:	04/17/2015	Date of Injury:	12/27/2013
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male with an industrial injury dated 12/27/2013. His diagnoses included right knee sprain/strain, right ankle sprain/strain and right foot sprain/strain. Prior treatments included medications. He presents on 03/12/2015 with complaints of pain in right knee, right ankle and right foot. Physical exam revealed tenderness in the right knee. Treatment plan consisted of physical therapy, diagnostics to include MRI, functional improvement measurement and durable medical equipment. A functional capacity evaluation dated April 21, 2014 indicates that the patient is able to accomplish 40% of his job demands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions have already been provided for the ankle/foot, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnosis. If the patient has not undergone therapy previously, the currently requested 12 sessions exceeds the number recommended as a trial by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.