

Case Number:	CM15-0098296		
Date Assigned:	05/29/2015	Date of Injury:	08/29/1996
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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 71-year-old female, who sustained an industrial injury on August 29, 1996. Treatment to date has included total knee replacements and medication. Currently, the injured worker complains of continued bilateral knee pain. On physical examination, her left knee is tenderness to palpation and she exhibits a limited range of motion in the right and the left knee. She reports bilateral foot pain and tenderness to palpation of the bilateral feet. The diagnoses associated with the request include bilateral knee degenerative joint disease, left knee lateral neuroma and status post knee replacement. The treatment plan includes work restriction, acupuncture, and neurology consultation for the left knee neuroma, custom orthotics, bilateral knee physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 6 weeks, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

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.

Acupuncture 2 x per week x 6 weeks, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records are unclear if this patient had past acupuncture. If the patient has had past acupuncture, there is insufficient detail as to the nature and benefit of such treatment. If the patient has not had past acupuncture, the request exceeds the 6 initial acupuncture visits recommended by the guidelines. For these reasons overall, the request is not medically necessary.

Custom molded orthotics, bilateral feet arch instability: 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), Ankle & Foot, Orthotic devices, Bilateral orthotics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: ACOEM guidelines recommends rigid orthotics for metatarsalgia or plantar fasciitis. MTUS/ACOEM do not recommend orthotic treatment for arch instability. This request is not medically necessary.

Left Ankle brace: 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), Ankle & Foot, Bracing (immobilization).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: ACOEM and MTUS recommend an ankle brace in some cases for documented ankle stability or ankle foot orthosis particularly in cases of dorsiflexion weakness. The records do not clearly document a diagnosis /rationale to support the need for a left ankle brace, particularly given the patient's overall multifocal presentation. This request is

not medically necessary.