

Case Number:	CM13-0016412		
Date Assigned:	11/06/2013	Date of Injury:	02/26/2011
Decision Date:	01/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old male who reported a work-related injury on 02/26/2011, as the result of an inversion injury to the right ankle. The patient is status post joint debridement, Achilles tendon repair, and osteotomy as of 11/30/2011. The patient completed an extensive course of physical therapy postoperatively. The clinical notes evidence the patient later completed another course of physical therapy for muscle strengthening about the right ankle. The clinical note dated 11/18/2013 reports the patient was seen in the clinic. The provider documents the patient has continued complaints of neck pain with intermittent numbness and weakness to the bilateral hands. The provider documents the patient's physical therapy interventions have helped the patient's symptoms as well as home traction device. Upon physical exam of the patient, the provider did not document any findings about the patient's right ankle. The provider documents the patient is requesting more physical therapy interventions as this has helped with the patient's maintenance of symptoms to utilize ultrasound, transcutaneous electrical nerve stimulation (TENS) unit, and massage to the affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two (2) times a weeks, six (6) weeks to the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical medicine guidelines.

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

Decision rationale: The clinical notes document the patient has utilized physical therapy interventions intermittently status post operative procedures performed to the right ankle. The clinical notes document the patient had recently completed 9 sessions of physical therapy in 10/2013. However, this was for the patient's cervical spine. The current request for 12 additional sessions of physical therapy for the patient's right ankle is not supported after review of the clinical documentation submitted. At this point in the patient's treatment, an independent home exercise program would be indicated for increased range of motion and motor strength about the right ankle. In addition, the clinical documentation submitted for review fails to evidence the necessity for continued supervised therapeutic interventions for this patient at this point in his treatment. Given all the above, the request is neither medically necessary nor appropriate.