

Case Number:	CM13-0021838		
Date Assigned:	12/11/2013	Date of Injury:	09/27/2010
Decision Date:	05/19/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/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 injured worker is a 30-year-old female who reported an injury on September 27, 2010. The mechanism of injury was a trip on stairs. The prior treatments included activity modification, physical therapy, bracing, and a left ankle surgery on December 20, 2011. The documentation included the injured worker had 25 sessions of therapy for low back pain and 49 sessions for the ankle. The documentation of July 16, 2013 revealed the injured worker had mild diffuse swelling over the anterolateral left ankle and active range of motion was dorsiflexion of 10 degrees and plantar flexion of 30 degrees. The diagnosis included left ankle sprain/strain status post lateral ankle reconstruction with residual swelling and pain. The recommendation was for continued physical therapy two times a week for the next four weeks focusing on the back and the left ankle. It was indicated the back pain started postsurgically. Additionally, it was indicated the medications including Anaprox, Prilosec, tramadol, and Norco should be refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that physical medicine treatment is recommended with a maximum of nine to ten visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had 49 sessions of physical therapy for the ankle. The injured worker should be well versed in a home exercise program. There was a lack of documentation indicating objective functional deficits to support the necessity for ongoing physical therapy. The request, as submitted, failed to indicate the quantity of sessions being requested. The request for physical therapy for the left ankle is not medically necessary or appropriate.