

Case Number:	CM13-0022246		
Date Assigned:	06/06/2014	Date of Injury:	04/30/2010
Decision Date:	07/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 as well as Pain Medicine 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 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 26 year old female whose date of injury is 04/30/2010. The injured worker slipped and fell striking her right elbow on a counter and landing on her right knee. She complained of right ankle pain for overcompensation which was determined to be compensable. Treatment to date includes right knee arthroscopic partial medial meniscectomy on 09/15/10 and postoperative physical therapy. Handwritten progress report dated 05/23/13 indicates that the injured worker complains of right knee and right ankle pain. Note dated 06/27/13 indicates that the injured worker reports improvement. Diagnoses are right ankle impingement and right knee medial meniscal tear. Panel qualified medical re-evaluation dated 07/22/13 indicates that the injured worker has returned to work full duty. She was determined to remain permanent and stationary as of 12/03/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES 8 TO THE RIGHT ANKLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Physical therapy.

Decision rationale: Based on the clinical information provided, the request for physical therapy 3 times 8 to the right ankle is not recommended as medically necessary. The Official Disability Guidelines support up to 9 sessions of physical therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. It is unclear if the injured worker has received any physical therapy to date for the right ankle. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review. The request for Physical Therapy 3 times 8 to the right ankle is not medically necessary.