

Case Number:	CM13-0031404		
Date Assigned:	12/04/2013	Date of Injury:	03/15/2013
Decision Date:	03/26/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in District of Columbia. 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.

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 66 year old female injured worker with date of injury 3/15/13 with related shoulder impingement, contusion of the wrist and lumbar sprain/strain. MRI of the left ankle dated 8/9/13 revealed mild degenerative change of the tibiotalar joint with subchondral bone marrow signal changes of the tibial plafond versus any contusion. There is tendinopathy versus strain of the tibialis posterior. She has completed her course of physical therapy and would like to continue physical therapy. She has been treated with medication including ibuprofen. The date of utilization review decision was 9/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for ankles, left shoulder and lower back: Upheld

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

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

Decision rationale: The California MTUS is silent with regard to physical therapy specific to ankle injury. The ODG physical therapy guidelines recommend 9 visits over 8 weeks for

ankle/foot sprain. For lumbago; backache, unspecified: 9 visits over 8 weeks. For rotator cuff syndrome/impingement syndrome: 10 visits over 8 weeks. The injured worker has completed an initial course of physical therapy, and more was requested due to it being the only form of therapy that had helped the patient in the past. The submitted medical records indicate that between six to eight sessions of physical therapy were completed by 5/2013. There were no physical therapy notes available for review that described any progress made. As 12 additional sessions over four weeks of physical therapy are beyond ODG recommendations, the request is not medically necessary.