

Case Number:	CM13-0033620		
Date Assigned:	06/06/2014	Date of Injury:	06/30/2012
Decision Date:	07/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 45 year old female who reported an injury on 06/30/2012 due to a trip and fall. The injured worker complained of intermittent sharp pain over her left ankle. The injured worker also complained of radiating pain to her left foot. On 03/06/2013 the injured worker underwent left ankle anterior talofibular ligament and cerebrospinal fluid leaks repair. The injured worker was recommended for physical therapy. Physical therapy evaluation dated 08/09/2013 reported the injured worker had completed 8 total visits. The injured worker started physical therapy on 07/19/2013 and stated her right ankle hurt due to putting all her weight on her unaffected ankle. The injured worker also stated that the pain in her right ankle was worse than her left ankle pain currently. The injured worker's diagnosis is status post left ankle sprain and tear of deltoid ligament. The treatment plan was for 12 additional sessions of physical therapy. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LEFT ANKLE 3 TIMES PER WEEK FOR 4 WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-13.

Decision rationale: The injured worker was noted to be status post left ankle sprain and tear of deltoid ligament as of 03/06/2013. The injured worker completed 8 sessions of physical therapy from 07/19/2013-10/19/2013. The California Medical Treatment Utilization schedule (MTUS) guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Progress notes submitted for review had insufficient documentation on physical findings. Given the lack of documentation the injured worker is not within MTUS guidelines. As such, the request for additional physical therapy is not medically necessary and appropriate.