

Case Number:	CM13-0037012		
Date Assigned:	12/13/2013	Date of Injury:	11/25/2012
Decision Date:	02/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 52-year-old male who reported a work-related injury on 11/25/2011; mechanism of injury was result of a fall. Subsequently, the patient is treated for the following diagnoses: left ankle sprain/strain, left ankle derangement, dysesthesia of the peroneal nerve, and left ankle fracture surgery as of 12/19/2012. The clinical note dated 12/05/2013 documents the patient was seen under the care of [REDACTED]. The provider documents the patient upon physical exam of the left ankle presents with 30 degrees of dorsiflexion, 40 degrees of plantar flexion, 15 degrees inversion, 20 degrees eversion, 20 degrees dorsiflexion, 45 degrees plantar flexion, 30 degrees inversion, and 20 degrees eversion. The provider documents the patient presents with decreased pain level and increased range of motion. The provider documented the patient had been utilizing physical therapy interventions.

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 to the left ankle: Upheld

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

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

Decision rationale: The request for physical therapy three times a week for four weeks to the left ankle is not supported. The clinical documentation submitted for review reports the patient sustained an injury to the left ankle as result of a fall on 11/25/2012. The patient subsequently underwent surgical interventions about the left ankle and currently, upon physical exam of the patient, the patient presented with minimal to no functional deficits about the left ankle other than decrease in inversion to the left ankle. The patient utilized a course of physical therapy intervention status post operative interventions performed. The clinical notes failed to evidence significant objective findings of symptomatology to support continued supervised therapeutic interventions for this patient at this point in his treatment. The California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. Given all of the above, the request for physical therapy three times a week for four weeks to the left ankle is not medically necessary or appropriate.