

Case Number:	CM13-0037837		
Date Assigned:	12/18/2013	Date of Injury:	10/25/2011
Decision Date:	05/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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 Geriatrics and is licensed to practice in New York. 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 33 year old woman with a date of injury of 10/25/11 with chronic right ankle pain. She is status post physical therapy to her right ankle as recently as spring 2013. She was seen by her physician on 10/9/13 with complaints of sharp ankle pain and weakness status post fracture and surgery on 6/25/12. Her physical exam showed reduced ankle range of motion. She was diagnosed with right ankle sprain/ligament tear/fracture, left ankle sprain and pain, lumbar sprain/strain and low back pain. At issue in this review is additional physical therapy for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT ANKLE:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

Decision rationale: The California MTUS Physical Medicine Guideline allows for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality

for multiple sessions and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits at 2 times per week for 4 weeks in this individual with chronic ankle and back pain. Therefore the request is not medically necessary.