

Case Number:	CM13-0039575		
Date Assigned:	12/20/2013	Date of Injury:	05/24/2006
Decision Date:	03/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/07/2013

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 39 year old female with date of injury of 05/24/2006. The listed diagnoses by [REDACTED] dated 11/26/2013 are: 1. Status post left ankle arthroscopy, 2010, Ferkel 2. Cervical/trapezial musculoligamentous sprain/strain and bilateral upper extremity radiculitis with 1-2mm disc bulges from C3-C7. 3. Thoracic outlet syndrome with left subclavian vein compression, 2011 4. Lumbar musculoligamentous sprain/strain with left lower extremity radiculitis and left sacroiliac joint sprain According to progress report dated 09/17/2013 by [REDACTED], the patient presents with soreness in her ankle when standing and walking. She feels that Synvisc has helped with her pain. Objective findings show that the patient is able to walk pretty well. She has some pain going up on her tiptoes and heels. There is pain along the lateral gutter and along the medial malleolotalar articulation with good range of motion. Strength is 4+/5 with good stability. The treater is requesting 12 additional physical therapy visits for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

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

Decision rationale: This patient presents with chronic left ankle, low back and neck pain. This patient is status post left ankle arthroscopy from 2010. The current request is for 12 additional physical therapy visits for the left ankle to address the patient's persistent ankle pain. Progress report dated 08/06/2013 by [REDACTED] notes that the patient has received 3 Synvisc injections to date with decreased pain and discomfort. Utilization review dated 10/01/2013, modified the request authorizing 2 physical therapy visits. Review of over 500 pages of records does not show any recent physical therapy reports to verify how much treatment and with what results were accomplished. This patient underwent ankle surgery in 2010 and post-operative physical therapy MTUS guidelines do not apply. MTUS guidelines p98, 99 for Physical Medicine recommends 8-10 visits for Myalgia, myositis and neuralgia type symptoms. Given the lack of any therapy documented over the last couple of years, some therapy is reasonable. However the current request for 12 additional visits exceeds what is recommended by the MTUS guidelines for this type of condition. Recommendation is for denial.