

Case Number:	CM13-0049836		
Date Assigned:	12/27/2013	Date of Injury:	02/20/2013
Decision Date:	02/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, 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 46 year old female injured worker with date of injury 2/20/13 with related crushing injury of the left ankle. She was diagnosed with resolving peroneal tendinopathy and bone contusion of the left lateral malleolus. Per 11/27/13 progress note, she describes an "aching" pain with swelling, which she considers to be minimal and intermittent. Her pain level was 1/10. It is improved with medication, ice, and elevation. She was at the time doing modified duties at work. She has been treated with OTC ibuprofen, acupuncture, home exercise program, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 3 wks left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Crushing injury of ankle/foot .

Decision rationale: ODG physical therapy guidelines recommend 12 visits over 12 weeks for crushing injury of the ankle and foot, excluding toes. The 6/17/13 orthopedic consultation report

indicates that she had completed 12 physical therapy sessions at that time. Review of the submitted documentation indicates that on 6/21/13 the injured worker was already approved for 2xwk x 8wks physical therapy for the left ankle. The documentation do not specify how many sessions, if any, of this second round of PT were completed. This current request represents the third round of PT the injured worker has requested. Further PT is not indicated because the reports do not provide quantified ROM and strength in the left ankle to show the remaining deficits requiring continued skilled therapy. As the ODG guidelines only support 12 visits, the request for additional physical therapy is not medically necessary.