

Case Number:	CM13-0054814		
Date Assigned:	12/30/2013	Date of Injury:	03/24/2011
Decision Date:	03/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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 applicant is [REDACTED] employee who has filed a claim for chronic ankle and knee pain reportedly associated with an industrial injury of March 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; open reduction and internal fixation of an ankle fracture; subsequent revision of the same; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 14, 2013, the claims approved request for extended release of tramadol, approved request for Naprosyn, partially certified a request for 12 sessions of physical therapy and 6 sessions of physical therapy, and approved an MRI of the left ankle. The applicant's attorney apparently appealed. A November 14, 2013 progress note is notable for comments that the applicant reports marked pain and swelling about the ankle. The applicant is not working. The applicant is using medications. The applicant also reports derivative hip and knee pain, which the applicant attributes to the original left ankle injury. Limited ankle range of motion is noted. The applicant is unable to walk on her toes or heels. Ankle MRI imaging and medications are renewed, while the applicant is placed off of work, on total temporary disability. An October 17, 2013 progress note is again notable for comments that the applicant is off of work, has been let go by her former employer, has comorbid hypertension, and has exhausted her supply of both unemployment compensation and workers' compensation. It appears that the applicant's last surgery was on January 20, 2012. The applicant was again placed off of work, on total temporary disability, on this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The applicant has had prior unspecified amounts of physical therapy over the life of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. In this case, however, there has been no demonstration of functional improvement despite completion of unspecified amounts of physical therapy over the life of the claim. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications, medical treatments, office visits, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of prior unspecified amounts of physical therapy. The request for twelve sessions of physical therapy for the left ankle is not medically necessary or appropriate