

Case Number:	CM13-0068564		
Date Assigned:	05/09/2014	Date of Injury:	03/19/2012
Decision Date:	07/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation 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 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:

Medical records from 2013 were reviewed, which showed that the patient complained of persistent right ankle and foot pain ranging from a scale of 4-9/10 associated with difficulty in standing and walking for a prolonged period of time. On physical examination, the patient had an uneven gait. Range of motion in the right ankle was limited with plantar flexion at 30 degrees, dorsiflexion at 20 degrees, inversion at 20 degrees and eversion at 20 degrees. MRI of the right ankle done on September 6, 2012 showed right ankle tenosynovitis. X-ray of the right ankle on 2 views done on September 18, 2013 showed normal alignment with no fractures, lesions, degenerative changes nor loose bodies seen. A utilization review from December 2, 2013, denied the request for physical therapy (PT) 2x a week for 6 weeks to the right ankle because the patient already had 12 sessions of PT and exceeded the usual number of visits and the onset injury occurred more than a year ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the documented indication for this request is because patient has persistence of pain and limitation of motion of the right ankle. However, the patient already had 12 sessions of physical therapy to the right ankle hence; the patient should be well versed in a self-directed home exercise program by now. Furthermore, there was no mention of a definite functional goal that should be achieved with the patient's re-enrollment to this program. Therefore, the request for Physical Therapy 2x a week for 6 weeks to the right ankle is not medically necessary.