

Case Number:	CM13-0071209		
Date Assigned:	01/08/2014	Date of Injury:	03/11/2013
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation, has a subspecialty in 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 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 27-year-old female with a date of injury on March 11, 2013. The injured worker has diagnoses of right ankle sprain, tenosynovitis, and complex regional pain syndrome. The injured worker had a compound fracture and had open reduction internal fixation performed on March 12, 2013. The patient completed 32 postoperative physical therapy sessions for the current condition. A request was made for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT ANKLE (2 TIMES PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A progress note dated November 14, 2013, indicates that the patient has minimal pain with a pain score of 1 out of 10. Current examination was significant only for tenderness in her right ankle and foot. The records show that the patient stated that she feels a 70% improvement with physical therapy since the initial evaluation. Her goals have been met

and she is instructed to continue with a home exercise program. Given this lack of documentation of medical necessity, as well as the fact that the patient should be well-versed in a home exercise program, the request for additional physical therapy is not medically necessary or appropriate at this time.