

Case Number:	CM14-0006010		
Date Assigned:	03/03/2014	Date of Injury:	07/18/2012
Decision Date:	09/05/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 Family 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 patient is a 46 year-old woman who was injured at work on between 6/1/2010 and 7/18/2012. The injuries were primarily to her ankle, wrist and back. She is requesting review of denial for additional post-operative physical therapy to the left ankle once per week over 6 weeks. The injured worker is status post left ankle arthroscopy (7/31/2013) and has undergone a prior course of physical therapy to this ankle. Prior certification included 18 visits in the post-operative period. The diagnoses related to the ankle include sprain of ankle and post-surgical state.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy to the left ankle once per week over six weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic), Physical Therapy.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, comment on the use of physical therapy for ankle conditions. The Chronic Pain Medical Treatment Guidelines specifically state that the provider should "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home" physical therapy. These guidelines also offer recommendations for the duration of treatment. Specifically, that duration of treatment should be: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The Official Disability Guidelines state that for post-surgical treatment, there should be 9 visits over an 8 week period. Based on the criteria from these two sources, there is no medical justification for additional post-operative physical therapy. The medical records indicate that the patient has received the appropriate course of physical therapy for this condition and should be involved in an active self-directed home physical therapy program. Therefore, request for additional post-operative physical therapy to the left ankle once per week over six weeks is not medically necessary and appropriate.