

Case Number:	CM14-0009087		
Date Assigned:	01/29/2014	Date of Injury:	08/16/2012
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and 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:

The injured worker is a 59 year old male who reported an injury on 08/16/2012. The mechanism of injury was a slip and fall. The injured worker had a right ankle arthroscopy with extensive debridement and microfracture of OCD and repair of peroneal tendon tear and excision of peroneus tertius on 10/08/2013. The clinical note provided reported the injured worker complained of pain in the right foot and down back of right leg. The physical exam noted tenderness to palpation over the peroneal tendons. The injured worker had a positive Tinel's over the sural nerve. The provider also noted tenderness to palpation over the posterior tibialis tendon. The provider requested for 12 sessions of physical therapy with graston active release technique. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY WITH GRASTON ACTIVE RELEASE

TECHNIQUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

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

Decision rationale: The injured worker complained of pain in the right foot and down back of right leg. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. The guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the right knee is unclear. Therefore, the request is not medically necessary.