

Case Number:	CM14-0009309		
Date Assigned:	02/14/2014	Date of Injury:	02/26/2011
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/23/2014

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 Neurosurgery, 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 46-year-old female injured on February 26, 2011. Prior treatment has included enhanced imaging studies, steroid injections, physical therapy, orthotics and shoes. Arthroscopic surgery to the left ankle has been completed. An open surgical reconstruction was completed in August, 2013. A number of sessions of physical therapy after the surgery have been completed. There are ongoing complaints of bilateral foot pain. The pain level is noted to be 6/10. Topical preparations are dispensed. The clinical diagnosis was left ankle sprain. Multiple additional sessions of physical therapy have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT ANKLE QTY: 16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: It is noted that an open procedure was completed more than nine months ago. The American College of Occupational and Environmental Medicine, (ACOEM) does allow

for as many as 34 visits of physical therapy after surgery, however, these are to be completed within sixteen weeks. Given the current range of motion, the ongoing complaints of pain, and that transition to home exercise protocol has been indicated, there is no data presented to suggest the need for additional formal physical therapy at this time. The request for sixteen sessions of physical therapy for the left ankle is not medically necessary or appropriate.