

Case Number:	CM14-0102808		
Date Assigned:	09/24/2014	Date of Injury:	10/23/2012
Decision Date:	11/05/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Arkansas and Texas. 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 45-year-old male who reported an injury on 10/23/2012. The mechanism of injury reportedly occurred when he was separating students who were fighting. One student jumped on his back and he then heard his right ankle snap. His diagnoses were noted as acute capsulitis and a right ankle sprain. His previous treatments included physical therapy, medication, hot and cold packs, and a cortisone injection. His diagnostics included x-rays of the right ankle. His surgery included right ankle surgery. On 06/12/2014, the injured worker complained of pain and swelling to the right ankle. The physical examination revealed muscle strength was 5/5; there was slight pain with right ankle range of motion; and mild crepitation on range of motion of the right ankle. It was noted that the injured worker was not taking any medications. The treatment plan was for additional physical therapy 2 times a week for 6 weeks and treatment of the right ankle. The rationale for the request and the Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional two times a week for six weeks, in treatment of right ankle quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Based on the clinical information submitted for review, the request for an additional physical therapy 2 times a week for 6 weeks and treatment of the right ankle is not medically necessary. As stated in the California Post-Surgical Treatment Guidelines, it is recommended that patient's undergo up to 9-10 sessions of physical therapy over 8 weeks. The injured worker complained of pain and swelling to the right ankle and underwent a few sessions of physical therapy, which were not helping. It was also noted that he underwent postoperative therapy until March 2014, which at that time; he reported the therapy alleviated his pain and maintained the swelling down. However, there was a lack of objective documentation to confirm that postoperative therapy was beneficial to the injured worker and that he made functional gains. Also, it was unknown how many visits the injured worker had completed. As such, the request for additional physical therapy 2 times a week for 6 weeks for treatment of the right ankle is not medically necessary.