

Case Number:	CM14-0124988		
Date Assigned:	08/11/2014	Date of Injury:	04/10/2014
Decision Date:	09/15/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 40-year-old female who reported an injury on 04/10/2014 caused by an unspecified mechanism of injury. The injured worker's treatment history included an MRI, medications, and physical therapy. The injured worker was evaluated on 04/10/2014 and it was documented that the injured worker had pain in her right ankle. On physical examination, there was swelling of the lateral aspect of the right ankle; no deformity; ligamentous structures intact; and good strength in the ankle. The injured worker had undergone physical therapy sessions for her right ankle. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 6 additional Sessions of Physical Therapy with Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured

worker has had conservative care to include physical therapy. In addition, long-term functional goals or home exercise regimen were not provided for the injured worker. The request failed to indicate location where physical therapy is required for injured worker. Given the above, the request for 6 additional sessions of physical therapy evaluation is not medically necessary.