

Case Number:	CM14-0129545		
Date Assigned:	08/18/2014	Date of Injury:	02/27/2013
Decision Date:	09/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 & Rehabilitation and is licensed to practice in Florida and New York. 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 39-year-old female with a reported date of injury on February 27, 2013 due to an undisclosed mechanism of injury. Current complaints are left foot and ankle pain as well as left peroneal tendonopathy. Diagnosis is listed as other enthesopathy of ankle and tarsus. Treatment includes left ankle debridement repair, tenodesis revision of peroneus brevis stump to peroneus longus tendon and tenosynovectomy on May 02, 2014. A completion of twelve physical therapy visits from June 03, 2014 through July 14, 2014 is noted. The injured worker continued to make slow but steady progress. A prior utilization review determination dated July 24, 2014 resulted in a partial certification of twelve physical therapy visits. This determination approved an additional six physical therapy sessions which will expire October 31, 2014. The goal of this determination is for the injured worker to continue to improve strength and range of motion with an independent, self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT), 2 x per week for 6 weeks (12 sessions total),: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 03/26/14), Physical therapy.

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) Enthesopathy of ankle and tarsus.

Decision rationale: After review of the medical records provided, it has been noted that the injured worker has already been approved for at least eighteen physical therapy visits through the end of October of 2014. The current request for additional visits exceeds the maximum amount of therapy recommended by the guidelines. Without supporting documentation or extenuating circumstances for the need of additional therapy beyond what has already been approved, this request is deemed not medically necessary.