

Case Number:	CM14-0131918		
Date Assigned:	08/22/2014	Date of Injury:	11/29/2008
Decision Date:	09/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Interventional Spine 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 patient is a 60 years old female with an injury date on 11/29/2006. Based on the 07/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post-industrial injury November 28, 20082. Left 5th metatarsal fracture, left ankle status post-industrial.3. Lateral ankle instability, left ankle status post-industrial injury as per number 1 above.4. Status post open reduction and internal fixation left 5th metatarsal fracture with subsequent hardware removal, date of surgery January 27, 2009 and removal of hardware October 27, 2009.5. Status post lateral ankle stabilization procedure December 8, 2010.6. Severe left tarsal tunnel syndrome, s/p tarsal release 01/17/2014. According to this report, the patient complains of burning pain throughout the entire left foot. Exam findings of the left ankle were all normal. The patient is working 20 hours per week. The patient reports "improvement since surgery, she has increased mobility." There were no changes in the exam findings from the 06/11/2014 reports. There were no other significant findings noted on this report. The utilization review denied the request on 08/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/2014 to 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 visits for the left ankle.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, online edition, Chapter Ankle & Foot conditions - Tarsal tunnel syndrome.

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

Decision rationale: According to the 07/15/2014 report by [REDACTED] this patient presents with burning pain throughout the entire left foot. The provider is requesting 12 sessions of physical therapy for the left ankle. The patient is status post left tarsal tunnel release on 01/14/2014 and is outside of post-surgical time-frame and for therapy treatments. The utilization review denial letter states "the patient has attended approximately 24 therapy sessions for the problem that is described as being present here i.c. status post ankle surgery and decompression tarsal tunnel." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show the patient has had 17 sessions of physical therapy from 03/06/2014 to 07/02/2014 without much improvement and the patient continues to experience pain. The provider does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. Therefore, this request is not medically necessary.