

Case Number:	CM14-0174972		
Date Assigned:	10/28/2014	Date of Injury:	02/04/2010
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 and Pan Medicine and is licensed to practice in Texas and Virginia. 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 44-year-old male who reported an injury on 02/04/2010. The mechanism of injury was when the injured worker reached for something and fell off his chair, twisting his foot and ankle. The diagnoses included low back pain, status post sprain/strain, left lumbar radiculopathy affecting L5-S1, left ankle injury status post-surgery on 09/19/2013. The previous treatments include epidural steroid injections, physical therapy, chiropractic therapy, surgery, postoperative physical therapy, acupuncture, and 3 cortisone injections. Within the clinical note dated 09/29/2014, it was reported the injured worker complained of residual weakness, pain and swelling are diminishing. The injured worker reported attending physical therapy which helps him beyond what he is able to perform on his own. Upon the physical examination, the provider noted the injured worker's knee had a 1 cm quadriceps atrophy. The provider noted the injured worker walked with a left lower extremity antalgic gait. The provider recommended physical therapy. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated 10/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, left ankle QTY: 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: The request for physical therapy, left ankle quantity 12 sessions is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The number of sessions the injured worker has previously undergone was not submitted for clinical review. The number of sessions requested exceeds the guidelines recommendations. Therefore, the request is not medically necessary.