

Case Number:	CM14-0021796		
Date Assigned:	02/24/2014	Date of Injury:	06/14/2011
Decision Date:	06/26/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, 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 Physician 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 whose date of injury is 06/14/2011. He was on a chair when he fell over and bumped his head. He underwent left knee arthroscopy on 07/12/12. The injured was not compliant with his postoperative physical therapy according to the record. Handwritten note dated 12/17/13 indicates that left knee pain is worse with complaints of swelling and buckling. The injured worker reported a fall secondary to weakness in the left knee with subsequent injury to the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS 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 MTUS: ACOEM, ANKLE AND FOOT, TABLE 2, SUMMARY OF RECOMMENDATIONS, ANKLE AND FOOT DISORDERS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for eight physical therapy visits for the left ankle as an outpatient is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's

response thereto submitted for review; however, the submitted records indicate that the injured worker has been noncompliant with treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.