

Case Number:	CM14-0022135		
Date Assigned:	05/09/2014	Date of Injury:	12/05/2011
Decision Date:	07/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Nevada. 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 medical records presented for review indicate this 49-year-old male was injured on December 05, 2011. The diagnosis is listed as a tear of the medial meniscus (836.0); however, the request is for physical therapy of the right ankle. It is noted that an ankle surgery was completed in November 2013. There are ongoing complaints of knee pain and pain involving the ankle. The most recent physical examination reported indicates a slight loss of ankle dorsiflexion (2) and plantar flexion (10). Multiple sessions of physical therapy have been completed. There is a well-healed surgical scar noted. Significant progress has been made towards the normalization of gait; however, there continues to be some complaints of pain. The comorbidity of low back pain is also noted. A steroid injection was performed in February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY, THREE (3) TIMES A WEEK FOR FOUR (4), FOR THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: When noting the date of injury, the actual injury sustained, the onset of the ankle complaints and the treatment rendered tempered by the amount of physical therapy already completed and taking into consideration the current physical examination and range of motion, there is insufficient clinical data presented to support the request for additional physical therapy. When noting the range of motion reported tempered by the parameters outlined in the American College of Occupational and Environmental Medicine guidelines, transition to a home exercise protocol is all that would be supported this time. As such, there is insufficient clinical information presented to support this request. Therefore, the request is not medically necessary.