

Case Number:	CM14-0031871		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2010
Decision Date:	07/24/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 42-year-old with a reported injury on January 27, 2010. The mechanism of injury was described as a 'pop' while he was pushing his vehicle out of the mud. The clinical note dated February 25, 2014 reported that the injured worker complained of right ankle pain. The physical examination revealed cervical, shoulder, and upper extremity range of motion was within normal limits; however, the physical examination of the injured worker's ankle was not provided. It was reported that the injured worker's bilateral knee exam was benign. Straight leg raise was negative for sciatica. It was reported that the injured worker demonstrated considerable pain behavior with moaning, groaning, moving about slowly, and hesitancy during the examination. The injured worker's diagnoses include chronic pain syndrome, psychiatric comorbidities, exogenous obesity, compensatory mechanical low back pain, and compensatory left Achilles/ankle and peroneus longus and brevis pain/tendinitis. Left knee MRI dated January 17, 2013 revealed medial femoral condyle bone injury or other osseous lesion and that the patellofemoral joint compartment, a focal region of subchondral edema suspicious for an osteochondral injury. The injured worker's prescribed medication was to include Vicodin, ibuprofen, clonazepam, bupropion, and zolpidem. The provider requested 8 sessions of physical therapy to the right ankle. The rationale was not provided within the clinical notes. The request for authorization was submitted on March 13, 2014. The injured worker's prior treatments include physical therapy from November 14, 2012 to July 19, 2013 for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy (2x4) for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker complained of right ankle pain. The treating physician's rationale for additional physical therapy sessions was not provided within the clinical notes. The Chronic Pain Medical Treatment Guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Moreover, there is a lack of clinical notes documenting the injured worker's progression and improvement with therapy. The physical examination was negative for any significant abnormalities. Moreover, it is noted that the injured worker attended skilled physical therapy sessions from November 14, 2012 to July 19, 2013. Given the information provided there is insufficient evidence to determine the appropriateness of continued skilled physical therapy. The request for physical therapy for the right ankle, twice weekly for four weeks, is not medically necessary or appropriate.