

Case Number:	CM14-0033769		
Date Assigned:	06/20/2014	Date of Injury:	09/21/2012
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 records presented for review indicate that this 51-year-old male was reportedly injured on 9/21/2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 2/13/2014 indicated that there were ongoing complaints of left ankle pain. The physical examination demonstrated left ankle: Motor 5/5. Sensory intact. Reflexes 2/2. Gait is normal and there is positive tenderness to palpation over the left ankle. No recent diagnostic studies were available for review. Previous treatment included previous surgeries, physical therapy, injections, and medication. A request had been made for outpatient physical therapy for left ankle 2 X4 weeks #8 and was not certified in the pre-authorization process on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Continue Outpatient physical therapy to the left ankle, 2x4 weeks, submitted diagnosis pain.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot (acute and chronic) physical therapy, updated 7/29/2014.

Decision rationale: Postsurgical physical therapy is recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. See also specific physical therapy modalities by name. The injured worker is status post (ORIF) of the left ankle and is eligible for 21 visits over 16 weeks. According to the medical records provided, the injured worker has already exceeded the amount of physical therapy visits (24). There was no documentation supporting the necessity for additional physical therapy at this time. The claimant may continue to do a home exercise regimen, but the request for additional physical therapy is deemed not medically necessary.