

Case Number:	CM14-0037748		
Date Assigned:	06/25/2014	Date of Injury:	06/03/2004
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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 injured worker is a 41-year-old male who was reportedly injured on June 3, 2004. The mechanism of injury was not listed in the records reviewed. There was a history of a previous fracture dislocation of the right ankle. The most recent progress note, dated May 28, 2014, indicated there were ongoing complaints of right lower extremity pain. The physical examination demonstrated a healing surgical wound without ecchymosis, erythema, or signs of infection. An x-ray of the right ankle out of the cast revealed good alignment without loss of fixation. The injured employee was placed in a new short leg cast and was instructed to continue nonweightbearing on the right lower extremity. A request was made for physical therapy and medical clearance and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Ankle and foot.

Decision rationale: The injured employee has recently had right ankle surgery, and as of the last progress note, dated May 28, 2014, he was still placed in a cast and was nonweightbearing. After removal of the cast, physical therapy was essential to improve strengthening and range of motion. The previous utilization management review did not certify a request for physical therapy as there was no physician's order written for at that time. This request for physical therapy is medically necessary.

Medical Clearance.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, Pre Operative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic), Preoperative Testing, General.

Decision rationale: According to the Official Disability Guidelines, medical clearance decisions are guided by the patient's clinical history, comorbidities, and physical examination findings. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram. This request for medical screening is medically necessary.