

Case Number:	CM14-0044611		
Date Assigned:	07/02/2014	Date of Injury:	05/16/2010
Decision Date:	07/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Interventional Spine 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 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 patient is a 36-year-old male with date of injury of 05/16/2010. The listed diagnoses per [REDACTED] are Enthesopathy of ankle and tarus, right; Right peroneal subluxation, status post repair; Status post revision of right peroneal subluxation repair and removal of Artelon mesh; Status post revision, right peroneal subluxation repair and peroneal tenodesis. The patient is status post peroneal tendon repair and removal of the Artelon mesh on 09/05/2013. According to progress report dated 03/04/2014 by [REDACTED], the patient presents with worsening of pain in the right ankle. Examination revealed he has excellent range of motion in the right joint and there is no subluxation. There is slight crepitus noted. The treat physician recommends the patient to continue to work on range of motion and strengthening. The request is for physical therapy twice a week for 6 weeks for the right ankle. Utilization review denied the request on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks to right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: For physical medicine, the MTUS Guidelines recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review indicates the patient received a course of 6 physical therapy sessions with the last one ending on 03/04/2014. Physical therapy report from this date indicates the patient is concerned of his level of soreness. The report goes on to note, the patient's functional outcome is not improving and only fair progress towards goal due to high symptom levels. In this case, prior sessions did not produce reduction in pain or noted functional improvement. Furthermore, the treating physician request for additional 12 sessions exceeds what is recommended by MTUS. Therefore, the request for physical therapy twice a week for six weeks to the right ankle is not medically necessary and appropriate.