

Case Number:	CM14-0047800		
Date Assigned:	07/02/2014	Date of Injury:	08/19/2001
Decision Date:	08/06/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and Pain Management, 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 Physician 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:

This female patient (no DOB or age was mentioned in any of the provided documentation) has a 08/19/01 date of injury. In the 02/20/13 progress report provided by [REDACTED] it states that this patient "continues to have intermittent anterior lateral pain about the left ankle exacerbated with squatting and bending." According to the 01/09/13 report, this patient had to "come off her Mobic medication because of the raise in her high blood pressure," so this patient returned to ibuprofen, according to the 02/20/13 report. In the 01/09/13 report, [REDACTED] reports "physical therapy prescription was only approved for two sessions," but no documentation was provided indicating the number of physical therapy sessions. Exam findings on 04/03/13 do not describe the ankle pain but only knee pain. Diagnosis for this patient is symptomatic chondromalacia in both knees. Range of motion for right/left knee extension is 0 and right/left flexion of 130, facet tenderness to the medial and lateral patella with right/left medial joint line tenderness present, and right/left motor quadriceps motor strength of 4+ with [REDACTED] is requesting physical therapy times 12 for left ankle. The utilization review determination being challenged is date 04/10/14 and modified the request from 12 to 6 sessions. [REDACTED] is the requesting provider. [REDACTED] has provided four progress reports from 11/28/12 - 04/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This injured worker presents with left ankle pain. The request is for physical therapy times 12 for left ankle but request for authorization is not included in provided reports to know the exact date of the request. There is no mention of ankle pain in most recent progress report of 04/03/13 (one year prior to the utilization review date of 04/10/14), but only includes discussion of a "home program for the patient to continue with including IT band stretching exercises, quad stretching and strengthening exercise" for the knee. The MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias for non-post operative patients. In this case, the treating provider has requested 12 physical therapy sessions, which exceeds MTUS guidelines for this type of condition. In addition, the request for ankle therapy does not seem appropriate considering there is no diagnosis of ankle pain, although more recent report may have discussed it. Utilization review letter modification to 6 sessions would appear reasonable and consistent with MTUS with adequate documentation of ankle problems, however. Recommendation is for denial as the request is not medically necessary.