

Case Number:	CM14-0059125		
Date Assigned:	07/09/2014	Date of Injury:	05/16/2012
Decision Date:	09/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/29/2014

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 & 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 50-year-old individual was reportedly injured on 5/16/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5/2/2014, indicated that there were ongoing complaints of right ankle pain. The physical examination demonstrated right ankle 50% limitation of ankle motion and weakness with dorsiflexion/plantar flexion. No recent diagnostic studies are available for review. Previous treatment included previous surgery, recent hardware removal, and treatment. A request had been made for physical therapy 2 times a week for 3 weeks for the right ankle and was not certified in the pre-authorization process on 4/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 for the right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical physical therapy is recommended and the number of visits is very depending on what surgical procedure is performed. The injured worker underwent a right ankle removal of hardware on 1/7/2014. After review of the medical records provided, it is noted

that the patient still has limited range of motion at 4 months status post hardware removal. There were no extenuating circumstances on physical exam detailing the claimant's poor progress since surgery. Guidelines recommend range of motion and muscle strengthening exercises taught by primary care or one-time visit with physical therapist. Patient has had physical therapy in the past after initial ORIF. Therefore, this request for additional physical therapy is deemed not medically necessary.