MAXIMUS Federal Services

Case Number:	CM14-0060378		
Date Assigned:	07/09/2014	Date of Injury:	02/02/2010
Decision Date:	08/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Pain Management 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:

This is a patient with a date of injury of 2/2/10. A utilization review determination dated 4/24/14 recommends non-certification of PT as there was no documentation of objective functional improvement from prior therapy. A 4/9/14 medical report identifies pain at 8/10 with medication and 10/10 without. Burning sensation in the right lower extremity and aching of the ankle was noted. On exam, there is right ankle swelling over the lateral malleolus with reduced range of motion (ROM) and reduced sensation of the right lateral leg. Gait is antalgic. The patient felt that PT really helped in the past and another round of PT was recommended to help with the current flare-up.

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 to the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle/Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127.

Decision rationale: MTUS Guideliens cite that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions. However, there is no documentation of specific objective functional improvement with the previous sessions. In light of the above issues, the request is not medically necessary.