MAXIMUS Federal Services

Case Number:	CM14-0076425		
Date Assigned:	07/18/2014	Date of Injury:	08/02/2013
Decision Date:	08/25/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 9/2/13.The diagnoses include left ankle sprain and left ankle pain with peroneus tertius tendinitis and an effusion of the medial anterior ankle. Under consideration is a request for physical therapy three times a week for three weeks for the right ankle. There is a primary treating physician (PR-2) document dated 4/28/14 that states that the patient presents to the office for a follow up on left ankle pain. Patient rates the pain a 2/10. 10 being the worst pain withno movement. With movement she would rate it 4-5/10 with 10 being the worst. She only has pain when she does work around the house or in the yard. It takes about a half an hour for her to have pain after starting house work. She describes the pain as an aching pain. Patient states the injection given at one point has helped relieve some of the pain. Patient has not been to physical therapy. She was wearing the boot and now is in a tennis shoe as instructed. A physical exam of the left ankle revealed no redness or heat. Range of motion with knee extended: 15 degrees dorsiflexion, 50 degrees plantar flexion. Peroneal tendons: Peroneus tertius tendon is not swollen at the calcaneal tubercle. Anterior Talofibular Ligament: Pain to palpation- no redness heat or swelling. Medial anterior ankle: Effusion-yes. Calcaneal Navicular: limited inversion. The rest of the ankle exam was normal. The treatment included an injection of 1 cc of 1 % Lidocaine was administered to the left tibialis anterior tendon. Celestine. REQUEST: Physical Therapy 3x3 with iontophoresis and phonophoresis.A 9/18/13 physical therapy document states that the patient shows very mild effusion in the lateral left ankle anterior to the lateral malleolus. Active left ankle range was 0 degrees dorsiflexion to 25 degrees plantar flexion. She now moves from 10 degrees to 40 degrees. Her extrinsic muscle strength was 4-/5; improved to 5-/5. Stress testing is now unremarkable for laxity or pain. She is

mildly antalgic favoring the left but with improved heel strike and feel off. She continues to rely on her brace. The document states that she completed 6 sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for three weeks for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

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

Decision rationale: Physical therapy three times a week for three weeks for the right ankle is not medically necessary as written. The documentation indicates that the patient has completed at least 6 sessions of PT for the left ankle. An additional 9 sessions would exceed the MTUS guideline recommendations of 10 visits. There are no extenuating circumstances in the documentation submitted why she needs 9 sessions. The request for physical therapy three times a week for 3 weeks for the right ankle is not medically necessary.