

Case Number:	CM14-0091273		
Date Assigned:	07/25/2014	Date of Injury:	12/13/2012
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 68 year-old female with the date of injury of 12/13/2012. The patient presents with left ankle pain. The patient has moderate to severe pain to prolonged walking, squatting, crouching, toe walking or toe standing. According to [REDACTED] report on 06/05/2014, diagnostic impressions are: 1) S/P repair of the lateral ligaments of the left ankle 2) Sprain/ strain of the left ankle 3) Painful gait 4) Old fracture of tibia, healed 5) Tear of lateral collateral ligaments, repaired 6) Instability of the left ankle, improved. [REDACTED] requested 18 sessions of physical therapy for the left ankle with evaluation and re-evaluation between 06/09/2014 and 07/24/2014. The utilization review determination being challenged is dated on 06/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/19/2013 to 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits for the left ankle with evaluation and re-evaluation between 6/9/2014 and 7/24/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Ankle & Foot, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with left ankle pain. The patient is s/p (status-post) ankle surgery on 11/08/2013 and the patient is outside of post-op time frame for physical therapy. The request is for 18 sessions of physical therapy for the left ankle. Utilization review latter dated 06/11/2014 indicates that the patient has had 30 visits of post op physical therapy. [REDACTED] report on 04/24/2014 indicates that patient felt slight improvement with therapy, but the patient's pain and symptoms continue to persistent and progress. There were no therapy reports provided for this review. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the provider has asked for therapy but does not discuss what is to be accomplished. The patient has had plenty of therapy following ankle surgery with minimal improvement. It is not known what more can be accomplished with more therapy. Furthermore, the requested 18 sessions exceed what is recommended per MTUS for non-post-op therapy. Such as, eighteen (18) Physical therapy visits, for the left ankle with evaluation and re-evaluation, is not medically necessary.