

Case Number:	CM14-0124928		
Date Assigned:	08/11/2014	Date of Injury:	06/06/2013
Decision Date:	03/26/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 50-year-old male sustained a work-related injury on 6/6/2013. According to the progress notes dated 7/15/2014, the injured worker's (IW) diagnoses are left foot and ankle sprain with peroneal nerve contusion, left foot/ankle post-op CRPS versus cellulitis versus surgical swelling, status post left ankle surgery 7/15/13, forehead laceration-contusion with closed head injury, impaired cognition, impaired memory and easy fatigability, posttraumatic headaches and cervical sprain. He reports continued pain in the left ankle and difficulty with ambulation due to possible nerve entrapment. Previous treatment includes medications, physical therapy, TENS, pool physical therapy, acupuncture, surgery and massage therapy. The treating provider requests eight physical therapy sessions for the left ankle. The Utilization Review on 8/1/2014 non-certified eight physical therapy sessions for the left ankle. California MTUS Chronic Pain Medical Treatment guidelines were cited as references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Ankle (Sessions) #8: Upheld

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

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

Decision rationale: Physical therapy is recommended with documented objective evidence of derived functional benefit. In this case, the patient has completed 26 sessions which should have allowed ample time to transition the patient to a home exercise program. In addition, there is inadequate documentation of symptomatic or functional improvement resulting from ongoing physical therapy sessions. Based on the clinical information available, additional therapy is not medically appropriate or necessary.