MAXIMUS Federal Services

Case Number:	CM14-0195432		
Date Assigned:	12/03/2014	Date of Injury:	04/08/2014
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 54 year old female with the injury date of 04/08/14. Per treating physician's report 11/05/14, the patient has left ankle pain, rating as 4/10, aggravated by prolonged walking. The pain is associated with limited ROM of the joint and limping. The patient is taking Oxycodone, Ondansetron and Ibuprofen. The list of diagnoses is:1) Osteoarthritis of the ankle2) Posterior tibial tendonitisPer progress report 09/17/14, the patient reports that she has little ROM on the left ankle and left ankle pain causes his hip and knee pain. She report having dull pain in her left leg medical area just proximal to the left ankle. Left ankle injection worked very well. The patient rates her pain as 2-3/10 on the average. Per progress report 08/27/14, there is pain and crepitus with flexion and extension of the ankle. A slight effusion is present. The patient reports new onset of numbness on the bottom of her left foot. She has had numbness in the anterior portion of the left foot since her foot surgery. The patient had open reduction and internal fixation, left bimalleolar ankle fracture on 04/25/14. The provider requests additional physical therapy to address her symptoms of posterior tibial tendonitis specifically. The utilization review determination being challenged is dated on 11/10/14. Treatment reports were provided from 07/31/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 for the left ankle: Upheld

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

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

Decision rationale: The patient presents with pain in her left ankle. The patient is s/p left ankle surgery on 04/25/14. The request is for 12 sessions of physical therapy for the left ankle. The current request of therapy is outside of post-surgical time-frame. For non-post-surgical therapy treatments, MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified.The review of the reports indicates that the patient has had at least 11 sessions of therapy in the past. Physical therapy report 06/11/14 indicates that "the patient has progressed with gait previously non ambulatory and is now able to ambulate without assistive device." In this case, the provider does not explain why additional therapy is needed and what additional goals are to be achieved. There is no explanation as why the patient is unable to do the necessary home exercises requiring formalized therapy. Furthermore, it would appear that the patient has had adequate therapy thus far and the current request for 12 sessions exceeds what is recommended by MTUS outside of post-operative time frame. The request is not medically necessary.