

Case Number:	CM14-0195550		
Date Assigned:	01/27/2015	Date of Injury:	03/09/2012
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
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. 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker was injured on 3/9/12 when he fell on a step while at work incurring injury to his left ankle, elbow, knee, and hand. According to an MRI on 5/23/12 he has an interstitial tear of the Achilles tendon as well as a tear of the anterior talofibular ligament and subcortical cystic changes of the posterior fibula. According to physical medicine clinic note on 10/14/14 the injured worker reports pain is 1/10 and is sharp and stabbing in left ankle and right knee. He has tried physical therapy has had 40-60% relief. On physical exam there is full strength on the left ankle with paresthesia to light touch at medial and lateral left leg. There is a positive McMurray's test on the right side and he walks with an antalgic gait on the left. Impression is that of ankle strain, achilles tendon sprain, tenosynovitis of foot and ankle and plantar fasciitis. Plan is physical therapy twice weekly for 5 weeks. Total of 10 sessions. The peer reviewer denied the requested 10 visits of physical therapy stating that "physical therapy is recommended for up to 9 visits for musculoskeletal injuries involving muscles".

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of physical therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in “controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries”. The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. Although the peer reviewer stated that "physical therapy is recommended for up to 9 visits for musculoskeletal injuries" and based the modification of the request on this, according to the MTUS guidelines on page 99 "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks". Additionally, the provider clearly documents that prior sessions of physical therapy decreased symptoms and improved function significantly. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are indicated as being necessary and appropriate.