

Case Number:	CM14-0208993		
Date Assigned:	12/22/2014	Date of Injury:	07/27/2008
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Ohio, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of July 27, 2008. In a Utilization Review Report dated December 2, 2014, the claims administrator denied a request for eight sessions of physical therapy for the ankle. The applicant had apparently undergone earlier ankle arthroscopy procedure in November 2009 to ameliorate an osteochondral defect lesion, the claims administrator noted, and had also received orthotics, the claims administrator further stated. A progress note of November 18, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated November 18, 2014, the applicant was returned to regular duty work. The applicant was asked to follow up as needed. Orthotics were endorsed. The applicant was apparently asked to perform physical therapy which included exercises as a bike and elliptical trainer. The applicant stated that his ankle was stable, that he was working, and that his current set of orthotics had worn out. The applicant's gait was not clearly described or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left ankle- 8 visits: Upheld

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

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the admittedly limited evidence on file points to the applicant's having already returned to regular duty work, having minimal-to-negligible residual physical impairment appreciated on the November 18, 2014 office visit on which additional physical therapy was sought, and that the applicant is capable of performing exercises such as using a stationary bike and/or elliptical trainer. All of the foregoing, taken together, suggests that the applicant should, thus, be capable of transitioning to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.