

Case Number:	CM14-0209193		
Date Assigned:	12/22/2014	Date of Injury:	02/20/2012
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old female with an injury date of 02/20/12. Based on the 12/09/14 progress report provided by treating physician, the patient complains of pain and stiffness to the right ankle (unrated). Patient is status post debridement, subtalar arthroscopy on 08/25/14. Physical examination 12/09/14 revealed tenderness to palpation to the anterior right ankle and several well healed surgical incisions. Range of motion was decreased, especially on plantar flexion, inversion, and eversion. Patient's medication profile is not mentioned in progress reports. Diagnostic imaging included an MRI of the right foot completed 05/30/14, significant findings included "minimal chronic sprain of the anterior talofibular ligament, similar to the prior examination. The remaining lateral ligamentous complex is intact. No significant abnormal soft tissue is evident within the lateral gutter. The peroneus brevis and peroneus longus tendons are intact. Medially, the deltoid ligament and flexor tendons are intact. Extensor tendons are intact." Per progress report dated 12/09/14, patient is advised to remain off work for 30 days. Diagnosis 12/09/14, 09/23/14, 09/02/14:- S/P right ankle subtalar arthroscopy. The utilization review determination being challenged is dated 11/24/14. The rationale is "the claimant has already had more than the recommended amount of PT, and there is no documentation of exceptional indications for therapy extensions and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits." Treatment reports were provided from 06/10/14 to 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

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, 99.

Decision rationale: The patient presents with pain and stiffness to the right ankle (unrated). The request is for PHYSICAL THERAPY. Physical examination 12/09/14 revealed tenderness to palpation to the anterior right ankle and several well healed surgical incisions. Range of motion was decreased, especially on plantar flexion, inversion, and eversion. Patient's medication profile is not mentioned in progress reports. Diagnostic imaging included an MRI of the right foot completed 05/30/14. Per progress report dated 12/09/14, patient is advised to remain off work for 30 days. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided a reason for the request. Physical therapy notes, last dated 11/07/14 indicates that the patient has undergone at least 9 physical therapy sessions. Denial letter references 16 completed sessions although no record of the additional 7 is included with the report. Given the patient's condition, a course of physical therapy would be indicated, however, the patient has already completed 9. The treater does not discuss any flare-ups, explain why on-going therapy is needed, or why the patient is unable to transition into a home exercise program. The current request for additional sessions of an unspecified amount, combined with what was already authorized exceeds MTUS guidelines. The request IS NOT medically necessary.