

Case Number:	CM15-0002792		
Date Assigned:	01/13/2015	Date of Injury:	06/06/1996
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

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 injured worker is a 58-year-old male who reported an injury on 06/06/1996, after moving boxes and files which reportedly caused injury to his right ankle. The injured worker's diagnoses included chronic right ankle pain. The injured worker's treatment history included multiple surgical interventions, physical therapy, and medications. The injured worker was evaluated on 12/02/2014. It was noted that the injured worker had 3/10 to 4/10 pain in the bilateral lower extremities, exacerbated by movement. It was also noted that the injured worker had neck and low back pain. The injured worker's treatment plan included continuation of medications, additional weight management, and physical therapy. A Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to the right ankle, 2 x 6 weeks: Upheld

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

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

Decision rationale: The requested 12 physical therapy sessions for the right ankle, 2 times a week for 6 weeks, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for myofascial pain. The request exceeds this recommendation. There are no exceptional factors to support extending treatment beyond guideline recommendations. Additionally, the injured worker should be well versed in a home exercise program. There are no factors noted to preclude further progress of the patient while performing in a home exercise program. As such, the requested 12 physical therapy sessions for the right ankle, 2 times a week for 6 weeks, is not medically necessary or appropriate.