

Case Number:	CM15-0003156		
Date Assigned:	01/14/2015	Date of Injury:	04/27/2014
Decision Date:	04/07/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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

Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained a work related injury on 4/27/14. The diagnoses have included traumatic left ankle strain/sprain and anterolateral ligament tear. Treatments to date have included pain medication, left ankle surgery, a home exercise program and physical therapy. Claimant is status post left ankle lipoma excision and repair of lateral collateral ligaments on 9/17/14. In the PR-2 dated 12/3/14, the injured worker complains of pain over anterolateral aspect and swelling of left ankle. She states that, "therapy has been causing increasing discomfort and swelling" in left ankle. There is swelling and tenderness noted upon palpation of the left ankle joint. In a PR-2 dated 12/12/2014, the injured worker had six sessions of physical therapy so far. She has full range of motion in her left ankle. She is able to walk independently without the use of crutches or brace. On 12/26/14, Utilization Review non-certified a request for physical therapy 2x/week for 6 weeks for the left ankle. The California MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 13.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested 12 visits exceeds the recommendations, the determination is for non-certification.