

Case Number:	CM15-0016181		
Date Assigned:	02/04/2015	Date of Injury:	09/17/2013
Decision Date:	04/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, District of Columbia
Certification(s)/Specialty: Internal 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 is a 72-year-old female, who sustained an industrial injury on September 17, 2013. The injured worker had reported a left foot injury. The diagnoses have included a sprain of the left ankle/foot with secondary tenosynovitis, mild to moderate tendinosis of the posterior tibial tendon, status post right shoulder surgery on June 3, 2014 and major depressive disorder, single episode. Treatment to date has included medications, radiological studies, psychological and orthopedic evaluations and physical therapy treatments, which were noted to be helpful. Current documentation notes that the injured worker reported tenderness of the medical left ankle and a decreased range of motion. The injured workers left ankle injury developed into a tendonitis. The injured worker also developed depressive disorder secondary to the injury. On January 20, 2015 Utilization Review non-certified a request for physical therapy three times a week for three weeks to the left foot and ankle. The Chronic Pain Medical 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 3x3 left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Physical therapy.

Decision rationale: The progress note from 12/19/14 was reviewed. She had pain in the inner aspect of the left ankle. She had six sessions of physical therapy and they were helpful. She had tenderness to the medial ankle with limited range of motion and intact sensation. The diagnoses were status post sprain to the left foot/ankle with secondary tenosynovitis and mild-moderate tendinosis posterior tibial tendon. The progress note from 1/9/15 noted that the patient had completed 9 PT visits. Examination findings included limited active range of motion and intact sensation to left ankle. The plan was for additional 9 sessions of physical therapy. According to ODG, fading of treatment frequency and active self directed PT are recommended. In addition, up to 9 visits of physical therapy are recommended for ankle tendonitis. The employee had already completed 9 PT visits. There is no clear documentation of the need for additional physical therapy sessions over home physical therapy. Hence the request is for additional 9 visits of physical therapy is not medically necessary or appropriate.