

Case Number:	CM15-0160640		
Date Assigned:	09/21/2015	Date of Injury:	11/27/2013
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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, Hawaii

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:

This 31 year old female sustained an industrial injury on 11-27-13. Documentation indicated that the injured worker was receiving treatment for chronic right knee and left ankle pain. Previous treatment included right knee meniscectomy (9-15-14), physical therapy, one week of functional restoration program and medications. Magnetic resonance imaging left ankle (5-26-15) showed minimal talonavicular and calcaneocuboid arthritic changes and mild degeneration of the plantar aponeurosis with normal ligaments and tendons. In a progress note dated 4-30-15, the injured worker complained of left ankle pain rated 8 out of 10 on the visual analog scale as well as low back and right knee pain. The injured worker was currently undergoing physical therapy with 4 out of 12 sessions completed. The injured worker stated that physical therapy helped slightly with pain and noted an increase in ankle strength. Physical exam was remarkable for tenderness to palpation along the lateral portion of the calcaneus and fibulo-calcaneal ligaments, 5 out of 5 left lower extremity strength and 5 out of 5 left ankle dorsiflexion and plantar flexion. The injured worker was able to bear weight with significant pain on the left ankle. In a progress note dated 7-30-15, the injured worker complained of ongoing low back and left ankle pain associated with continued left ankle swelling and difficulty with ambulation. The injured worker stated that physical therapy had been very beneficial with improved range of motion and reduced ankle and low back pain. Physical exam was remarkable for left ankle with swelling, tenderness to palpation at the fibulo-calcaneal talofibular ligament, 4 out of 5 left lower leg flexion and extension, 3 out of 5 ankle dorsiflexion and plantar flexion. The injured worker was able to bear weight with significant pain on the left ankle. The injured worker walked with

an antalgic gait. The treatment plan included continuing medications (Relafen and Protonix) and six sessions of additional physical therapy for the left ankle. On 8-13-15, Utilization Review noncertified a request for six sessions of physical therapy for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions (left ankle): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the left ankle. The current request is for Physical therapy 6 sessions (left ankle). The treating physician report dated 7/30/15 (132E) states, "She has completed physical therapy and reports increase in pain and anxiety now that she has not had continued sessions." A report dated 6/12/15 (111E) states, "Currently, she has finished around 12 sessions for the left ankle and another six sessions would definitely help her transition to a home exercise program, which she can perform on her own." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 12 sessions of physical therapy for the left ankle previously. The patient's status is not post-surgical. In this case, the patient has received 12 sessions of physical therapy to date and therefore current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, 12 sessions of prior physical therapy should have allowed the patient to establish a home exercise program. The current request is not medically necessary.