

Case Number:	CM15-0169219		
Date Assigned:	09/09/2015	Date of Injury:	07/14/2013
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female who sustained an industrial injury on 7-14-13. The injured worker reported left ankle pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in limb, unspecified arthropathy ankle and foot, symptomatic hardware, and posterior tibial tendon insufficiency syndrome. Medical records dated 7-14-15 did not indicate a pain rating using a visual analog scale. Treatment has included status post left ankle surgery, physical therapy, radiographic studies, Naprosyn since at least February of 2015, Ultram since at least February of 2015, Neurontin since at least February of 2015, and Voltaren since at least February of 2015. Objective findings dated 7-14-15 were notable for moderate tenderness to palpation to the posterior tibial tendon of the left ankle, range of motion within normal limits, single-limb toe rise causes pain to the posterior tibial tendon. The original utilization review (8-20-15) denied Physical therapy x 18 visits 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 x 18 visits for the 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: Physical therapy x 18 visits for the left ankle is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for this patient's symptoms out of the post surgical period. The documentation is not clear on how much prior therapy the patient has had for this condition or the outcome with evidence of objective measurable functional improvement. Without this information, the request for 18 visits of PT for the left ankle is not medically necessary.