

Case Number:	CM15-0189557		
Date Assigned:	10/01/2015	Date of Injury:	01/29/2014
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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:

The injured worker is a 45 year old male who sustained an industrial injury on January 29, 2014. A recent encounter dated August 06, 2015 reported chief subjective complaint of: "right ankle pain." Current medications consisted of: Etodolac. He is status post ORIF on February 03, 2014 of right ankle and removal of hardware July 29, 2014. The plan of care is with recommendation for additional session of physical therapy, and a course of acupuncture treating the right ankle. Of note, On May 14, 2015 he underwent a functional capacity evaluation. Follow up dated march 30, 2015 reported subjective complaint of: "localized right ankle and mid shin pain." There is aching in the medial and lateral ankle with intermittent swelling. Previous treatment to involve: activity modification, medication, ice and heat application, rest, physical therapy session, and surgery. On August 18, 2015 a request was made for 8 sessions of physical therapy treating the right ankle that was noncertified by Utilization review on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy # 8 visits for Right ankle: Overturned

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 right ankle pain. The current request is for Physical Therapy #8 visits for right ankle. The treating physician's report dated 08/06/2015 (18B) states, "We discussed today some supplemental treatment to help support him and his return to work process as well as daily management of his condition. Along those lines, we would like to recommend some additional sessions of physical therapy to assist him with some of his work activities and a course of acupuncture." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports were not made available for review. Medical records show that the patient last received physical therapy in 2014. In this case, a short course of physical therapy is appropriate to address the patient's current symptoms. The current request is medically necessary.