

Case Number:	CM15-0190419		
Date Assigned:	10/02/2015	Date of Injury:	11/27/2013
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 31 year old female with a date of injury on 11-27-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back, right knee and left ankle pain. Progress report dated 8-28-15 reports continued complaints of lower back and left ankle pain. She has increased pain since physical therapy was denied. She reports with physical therapy she had improved range of motion and reduced pain. Physical therapy focused on her alignment and posture which reduced her back pain. Her left ankle pain is rated 6 out 10. The pain is made better by lying down flat, physical therapy and ice. She had right knee meniscectomy surgery on 9-15-14. Request for authorization was made for physical therapy 6 sessions left ankle. Utilization review dated 9-17-15 modified request and approved 2 sessions.

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: 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): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic foot or ankle pain. At this point the patient is quite far from the initial date of injury but she has had improvement with 12 sessions of physical therapy. The treating physician has provided written documentation to justify the six visit request in preparation for completion of a full therapy course and adequate transition to a home exercise program emphasizing education, independence, and the importance of on-going exercise. In this case, a home exercise program should be encouraged, and after a course of six visits, the transition should be considered completely appropriate. Therefore the request for further physical therapy is considered medically necessary based on the provided records.