

Case Number:	CM15-0203647		
Date Assigned:	10/20/2015	Date of Injury:	03/27/2015
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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 56-year-old female who sustained an industrial injury on 3-27-2015 and has been treated for bilateral ankle and left wrist pain. Diagnoses are arthritis of the left wrist, right posterior tibial tendon dysfunction, and compensatory left foot-ankle pain. 6-25-2015 MRI of the right ankle and foot showed mild tenosynovitis of the distal tibial posterior tendon, and mild degenerative changes in the first metatarsophalangeal joint of the right foot. On 9-15-2015 the injured worker reported bilateral ankle and left wrist pain, as well as some left foot swelling and pain. Objective examination revealed a "mild limp," and tenderness over the anterior right ankle with palpation, minimal muscle atrophy, full range of motion, full motor, and sensation was noted as being intact. She has been referred to a hand surgeon. Documented treatment includes use of a brace; ice; modified duty; use of a wrist splint; NSAIDs; and, at least 12 visits of physical therapy for the ankle, knee, and back, as of 7-21-2015, with symptoms noted by the treating physician as "rapidly improving." The 7-21-2015 physical therapy report states that the injured worker was reporting improved motion but still experienced pain at 0-6 out of 10. Ankle stability was improved but still weak and wrist was "responding" to stretching and stabilization. The treating physician's plan of care includes request for an additional 6 weeks of physical therapy at 2-3 times per week, which was non-certified on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (left wrist, right ankle) 2-3 times a week times 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy (left wrist, right ankle) 2-3 times a week times 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has already exceeded the MTUS recommended number of visits for this condition. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 to 18 more supervised therapy visits therefore this request is not medically necessary.