

Case Number:	CM15-0024336		
Date Assigned:	02/13/2015	Date of Injury:	06/05/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

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 27-year-old male who reported an injury on 06/05/2013. The injured worker suffered a right ankle twisting injury while loading a truck with equipment. The current diagnoses include carpal tunnel syndrome, myalgia and myositis, acute reaction to stress, ankle sprain, wrist sprain, thoracic sprain, depression, and anxiety. The injured worker presented on 01/15/2015 with complaints of right shoulder pain, right wrist pain with numbness and tingling, right knee pain with buckling, middle back pain, stress, anxiety, and depression. Upon examination, there was tenderness to palpation over the right lateral muscles of the thoracic spine, flexion to 30 degrees, right rotation to 25 degrees, left rotation to 20 degrees, positive Kemp's test bilaterally, normal right wrist range of motion, tenderness to palpation of the flexor and extension tendons, positive Phalen's sign, 130 degree right knee flexion, positive McMurray's sign, 0 degree right knee extension, tenderness over the medial and lateral joint lines, 4/5 quadriceps/hamstring weakness, 170 degrees right shoulder flexion, 140 degree right shoulder abduction, 90 degree external rotation of the right shoulder, 80 degree internal rotation of the right shoulder, positive impingement sign, 4/5 motor weakness of the right shoulder, and a limping, slow and guarded gait. Recommendations at that time included physical therapy 3 times per week for 2 weeks, an NCV of the bilateral lower extremities, an orthopedic referral for the right ankle, a psychiatric referral for anxiety and depression, a right knee double hinged brace, a right ankle brace and a right wrist brace. A Request for Authorization form was then submitted on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical therapy sessions for right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The injured worker is a 27-year-old male who reported an injury on 06/05/2013. The injured worker suffered a right ankle twisting injury while loading a truck with equipment. The current diagnoses include carpal tunnel syndrome, myalgia and myositis, acute reaction to stress, ankle sprain, wrist sprain, thoracic sprain, depression, and anxiety. The injured worker presented on 01/15/2015 with complaints of right shoulder pain, right wrist pain with numbness and tingling, right knee pain with buckling, middle back pain, stress, anxiety, and depression. Upon examination, there was tenderness to palpation over the right lateral muscles of the thoracic spine, flexion to 30 degrees, right rotation to 25 degrees, left rotation to 20 degrees, positive Kemp's test bilaterally, normal right wrist range of motion, tenderness to palpation of the flexor and extension tendons, positive Phalen's sign, 130 degree right knee flexion, positive McMurray's sign, 0 degree right knee extension, tenderness over the medial and lateral joint lines, 4/5 quadriceps/hamstring weakness, 170 degrees right shoulder flexion, 140 degree right shoulder abduction, 90 degree external rotation of the right shoulder, 80 degree internal rotation of the right shoulder, positive impingement sign, 4/5 motor weakness of the right shoulder, and a limping, slow and guarded gait. Recommendations at that time included physical therapy 3 times per week for 2 weeks, an NCV of the bilateral lower extremities, an orthopedic referral for the right ankle, a psychiatric referral for anxiety and depression, a right knee double hinged brace, a right ankle brace and a right wrist brace. A Request for Authorization form was then submitted on 01/15/2015.