

Case Number:	CM15-0034345		
Date Assigned:	03/02/2015	Date of Injury:	07/16/2014
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 07/16/2014. The diagnoses have included contusion of right knee and morbid obesity. Noted treatments to date have included injections, physical therapy, and medications. Diagnostics to date have included MRI of the right lower extremity on 07/29/2014 which showed complex subcutaneous fluid collection along the anterior and anterolateral aspects of the knee, possible mild sprain of the anterior cruciate ligament, and small foci of high-grade to full-thickness cartilage loss and fissuring in the femorotibial compartment. In a progress note dated 01/16/2015, the injured worker presented for a follow up on her right ankle and stated her right ankle pain has significantly improved. The treating physician reported the injured worker will continue with physical therapy and strengthening exercises. Utilization Review determination on 02/03/2015 non-certified the request for Physical Therapy 4 visits in 2 months right ankle/foot citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 4 visits in 2 months right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to the ACOEM guidelines, therapy is for initial and follow-up visits for education, counseling, and evaluation of home exercise. In this case, the claimant had already completed at least 8 sessions of physical therapy. There was no recent surgery. There was no indication that additional therapy cannot be completed at home. The request for therapy is not medically necessary.