

Case Number:	CM15-0040760		
Date Assigned:	03/11/2015	Date of Injury:	06/28/2012
Decision Date:	07/27/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female who sustained an industrial injury on 6/28/2012 resulting in left ankle pain and swelling. The injured worker is diagnosed with left ankle sprain/strain and internal derangement of the left ankle and foot. Treatment has included corticosteroid injections with her reporting some pain relief, and pain medication. The injured worker continues to present with left ankle pain and edema. The treating physician's plan of care includes physical therapy. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in June 2012 and continues to be treated for left knee and ankle pain. Treatments included 5 physical therapy sessions in 2012. When seen, there had been no improvement. She was having pain and instability when negotiating stairs. There was left knee tenderness with an effusion. McMurray's testing was positive. There was ankle tenderness without instability. A left knee pes anserine bursa injection was performed. Physical therapy three times per week for 4 weeks was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and is not medically necessary.