

Case Number:	CM15-0050095		
Date Assigned:	03/23/2015	Date of Injury:	05/07/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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

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:

This 60 year old man sustained an industrial injury on 5/7/2013 after falling face first on the floor, then, on another date, fell backwards landing on his left leg and foot. He received immediate treatment after each injury including office visits, x-rays of the face, head, neck, left ankle and foot, weekly follow up for 3-4 weeks, wound care, suturing to his eyebrow, cast to the left foot/ankle, pain and anti-inflammatory medication, ankle/foot support, and physical therapy. Further evaluations included x-rays and MRI of the left ankle, foot/heel. Diagnoses include cervical radiculopathy, lumbosacral radiculopathy, bilateral shoulder tendonitis/bursitis, bilateral wrist tendonitis/bursitis, left hip tendonitis/bursitis, left knee tendonitis/bursitis, status post fracture of the right wrist and left tibia, and status post left ankle and foot fractures. Treatment has included oral medications, support boot ankle brace, and cortisone injection to the left ankle. Physician notes dated 11/17/2014 show complaints of pain to the neck, shoulders, right hand and wrist, low back, left hip, left knee, left ankle and foot. Recommendations include consultation with internal medicine, psychological evaluation and four sessions of psychotherapy, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4; Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: This patient presents with neck, shoulder, right wrist/hand, low back, left hip, left ankle/foot, and left knee pain. The physician is requesting Physical Therapy 3 x 4 Left Ankle. The RFA was not made available for review. The patient's date of injury is from 05/07/2013, and he has reached maximum medical improvement. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not postsurgical. There are no physical therapy reports provided for review. The examination from the 11/17/2014 report shows tenderness over the medial and lateral malleolus on the left. Tenderness over the ATFL and the peroneus on the left. Ecchymosis on the left, incision deformity effect on the left. In this case, given the patient's current symptoms, a short course of physical therapy is appropriate. However, the requested 12 sessions exceeds MTUS Guidelines. The request is not medically necessary.