

Case Number:	CM15-0080234		
Date Assigned:	05/01/2015	Date of Injury:	12/02/2014
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 49 year old male, who sustained an industrial injury on 12/2/14. He reported a severe ankle injury. The injured worker was diagnosed as having status post syndesmotom injury. Treatment to date has included open reduction and internal fixation of right ankle, physical therapy, activity restrictions and right ankle injections. Currently, the injured worker complains of right ankle still problematic and knee doesn't feel right and is lacking motion in ankle. Physical exam noted swelling of the ankle and limited range of motion. The treatment plan included continuation of physical therapy and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right ankle, three times a week for six 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 Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 49 year old male with an ankle injury on 12/02/2014. He had an open reduction internal fixation and completed post operative physical therapy. The requested 18 additional physical therapy visits is not consistent with MTUS guidelines. Also, by this point in time relative to the injury and surgery, the patient should have been transitioned to a home exercise program and there is no superiority of continued formal physical therapy over a home exercise program. Therefore the request is not medically necessary.