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| Case Number: | CM15-0088027 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 03/18/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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: Maryland

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

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 32-year-old female who sustained an industrial injury on 3/18/14 involving twisting her left ankle. She is currently complains of moderate pain in the left ankle with improved range of motion. Her activities of daily living are improved but still with limitation with downstairs. Medication is Motrin. Diagnoses include instability of ankle and foot joint; pain in the foot, ankle; other disorders of the synovium, tendon and bursa; status post left ankle arthroscopy, lateral ligament repair; flexor digitorum longus tendon transfer, medial calcaneal osteotomy. Treatments to date include brace, rest, ice, elevation, medication, and 14 physical therapy sessions completed that were helpful. Diagnostics include x-ray left ankle (3/19/14) negative; MRI (4/16/14) showing likely torn anterior-talofibular ligament. On 3/4/15, the treating provider requested physical therapy 2X3 for a total of 6 sessions. The 3/31/15 PR-2 reports states that the patient feels that the left ankle and foot and better and stronger. She has on and off achy cramping left ankle pain. She does her therapeutic home exercises and no longer wears a brace. On exam, she has normal range of motion. There is tenderness of the ATFL. Her gait is normal. The patient has had 20 post op sessions of PT and there is a request for 6 more sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: 6 sessions of physical therapy are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 34 visits over 16 weeks. The documentation indicates that the patient has had 20 visits of PT for her ankle post operatively. The documentation does not indicate any extenuating circumstances, which would necessitate 6 more supervised therapy sessions. The patient is well versed in her home exercise program, has normal gait and normal ankle range of motion. Furthermore, the request as written does not specify the body part for the therapy. The request for 6 sessions of physical therapy is not medically necessary.