

Case Number:	CM15-0089523		
Date Assigned:	05/13/2015	Date of Injury:	12/19/2012
Decision Date:	06/15/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/09/2015

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 48 year old female, who sustained an industrial injury on 12/19/2012. The injured worker is currently on modified duty. The injured worker is currently diagnosed as having bilateral wrist sprain with synovitis, lumbar strain with periodic radiculitis, and status post left ankle arthroscopy with open sinus tarsi debridement. Treatment and diagnostics to date has included left wrist MRI, left ankle surgery, orthotic boot, supportive shoe, physical therapy, home exercise program, and medications. In a progress note dated 10/14/2014, the injured worker presented for a follow up 5 weeks out from her left ankle arthroscopy with debridement and ganglion cyst excision noting improvement in range of motion and diminished pain, however has some weakness and intolerance for prolonged weight bearing and some aggravation of her previous low back complaints. Objective findings include tenderness to palpation to bilateral wrists and low back. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly for 4 weeks, left ankle (Hot or cold packs, vasopneumatic devices, Electrical stimulation [unattended], Therapeutic exercises, Manual therapy techniques): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 127, 99, Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (updated on 03/26/2015), online version.

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

Decision rationale: The patient is a 48 year old female with an injury on 12/19/2012. She had a left ankle arthroscopy with open sinus tarsus debridement. She also had bilateral wrist sprain. She had a ganglion cyst excision. She has been treated with physical therapy, orthotic boot, medications and a home exercise program. On 10/14/2014 she was 5 weeks post ankle surgery. She had bilateral wrist and low back tenderness. She has already completed her post operative physical therapy and has been doing a home exercise program. The requested additional physical therapy for the left ankle with physical therapy re-evaluation is not medically necessary. It is not consistent with MTUS, Chronic Pain physical medicine guidelines. Also, there is no objective documentation that continued formal physical therapy is superior to the home exercise program at this point in time relative to the injury and surgery.

Physical therapy re-evaluation, left ankle, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 127.

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

Decision rationale: The patient is a 48 year old female with an injury on 12/19/2012. She had a left ankle arthroscopy with open sinus tarsus debridement. She also had bilateral wrist sprain. She had a ganglion cyst excision. She has been treated with physical therapy, orthotic boot, medications and a home exercise program. On 10/14/2014 she was 5 weeks post ankle surgery. She had bilateral wrist and low back tenderness. She has already completed her post operative physical therapy and has been doing a home exercise program. The requested additional physical therapy for the left ankle with physical therapy re-evaluation is not medically necessary. It is not consistent with MTUS, Chronic Pain physical medicine guidelines. Also, there is no objective documentation that continued formal physical therapy is superior to the home exercise program at this point in time relative to the injury and surgery. Since the physical therapy is not medically necessary, the re-evaluation for more physical therapy is also not medically necessary.