

Case Number:	CM14-0110311		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2011
Decision Date:	10/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old female who reported an injury to her left ankle on 08/14/11 when she was walking up the stairs. The utilization review dated 07/02/14 resulted in denials as no objective information had been submitted regarding the injured worker's positive response to the previous physical therapy. There is an indication had undergone a tendon repair on 03/13/14 at the left ankle. The clinical note dated 04/18/14 indicates the injured worker utilizing Tramadol, Motrin, and Prilosec as well as Voltaren gel as part of the postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot Page(s): 13.

Decision rationale: The injured worker is a 51 year old female who reported an injury to her left ankle on 08/14/11 when she was walking up the stairs. The utilization review dated 07/02/14 resulted in denials as no objective information had been submitted regarding the injured worker's positive response to the previous physical therapy. There is an indication had undergone a tendon repair on 03/13/14 at the left ankle. The clinical note dated 04/18/14 indicates the injured worker

utilizing Tramadol, Motrin, and Prilosec as well as Voltaren gel as part of the postoperative care. The request is not medically necessary.