

Case Number:	CM14-0147084		
Date Assigned:	09/23/2014	Date of Injury:	10/04/2013
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 10/14/2013. Reportedly when she was walking her foot got caught in a metal garment rack. Her foot was twisted as she lost her balance, falling to the floor and landing on her back. The injured worker's treatment history included x-rays, medications, physical therapy, and an ORIF of the right ankle. The worker was evaluated on 07/17/2014. It was documented the injured worker's ankle pain continues to improve; however, she was using a cane, but was able to walk at least with an analgesic and slow gait by herself. The injured worker was no longer using orthotics, only some soft tennis shoes with laces. The injured worker was also happy that she was making good progress. The only problem that the injured worker persisted with was the low back pain. Physical Examination of the right ankle and foot revealed the injured worker was wearing a soft bandage with hard brace. There was persistent slight to moderate swelling of the leg, foot, and ankle. Range of motion of the right ankle dorsiflexion was 80% of normal. Flexion was 90% of normal, limited because of pain, and eversion/inversion were 50% of normal and limited due to pain. Diagnoses included right ankle and foot strain with fracture of right ankle requiring surgical intervention, and lumbosacral strain, rule out left sided radiculitis with left sided radicular subjective complaints. The Request for Authorization was not submitted for this review,

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits Right Ankle: 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. Page(s): 98-99.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy. However, outcome measures were not submitted for review. The provider failed to indicate long term functional goals. On 07/17/2014 it was documented the injured worker's ankle pain continues to improve; she was using a cane, but was able to walk with an antalgic and slow gait by herself as well. The injured worker has already had her postoperative physical therapy visits for right ankle. Additionally, the number of visits requested will exceed the number of recommended visits per guideline. As such, the request for 12 physical therapy visits for right ankle is not medically necessary.