

Case Number:	CM14-0086559		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2000
Decision Date:	10/01/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 records presented for review indicate that this 64-year-old gentleman was reportedly injured on June 30, 2000. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of low back pain, left knee pain, and left ankle pain. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles with spasms. Examination of the left knee noted quadriceps atrophy and tenderness at the joint line. There was a positive McMurray's and Apley's test. Examination of the left ankle noted tenderness at the joint line and a positive varus/valgus stress test. There was also a positive anterior drawer test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for physical therapy 2 to 3 times a week for four weeks for the left ankle and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 x week x 4 weeks, left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 03/26/14) Physical therapy (PT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Physical Therapy

Decision rationale: A review of the available medical record indicates that the injured employee has recently participated in 12 visits of physical therapy for the left ankle and has had additional physical therapy prior to that. The Official Disability Guidelines recommends nine visits of physical therapy for ankle/foot sprain. Considering this, the request for additional physical therapy 2 to 3 times a week for four weeks would be in excess of guideline recommendations and is not medically necessary.