

Case Number:	CM14-0099123		
Date Assigned:	09/23/2014	Date of Injury:	08/27/2010
Decision Date:	10/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/27/2014

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 Alabama. 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 patient is a 53 year old male who sustained an injury 08/27/2010 when he twisted his left ankle on a rough area of broken concrete. The patient underwent ankle surgery in 2012, type of surgery is unknown. According to the UR, which is the most recent note available, states the patient presented on 02/25/2014 with complaints of left forearm pain but there is no documented subjective complaints of ankle pain or objective findings documented. Prior utilization review dated 06/02/2014 states the request for Physical Therapy 2 x 6 weeks Left Ankle is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 week Left Ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Physical Therapy

Decision rationale: The above ODG guidelines for ankle and foot regarding physical therapy states "Ankle/foot sprain:... Post-surgical treatment: 34 visits." In this case, it appears the

patient has not reached his limit of 34 sessions of therapy. Note from 2/20/13 states that "after having five sessions of physical therapy he stopped..." near the heading labeled for 5/30/12. That note also states "One week before Christmas 2012, he had the second left ankle surgery," and there is no clear evidence of the patient having PT after this second surgery, nor anywhere near 34 sessions of PT after the second surgery. Furthermore, note from 11/20/13 states "following his February 20,2013 evaluation... He did not receive additional physical therapy, spinal blocks, or updated MRI scans." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.