

Case Number:	CM14-0214905		
Date Assigned:	01/07/2015	Date of Injury:	07/19/2013
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year-old male with a 7/19/2013 date of injury. According to the 6/30/14 orthopedic report, the patient has right knee, and ankle pain and was diagnosed with internal derangement/ degenerative joint disease and chondromalacia right knee; right ankle internal ligament strain and talar dome osteochondral lesion; and bilateral plantar fasciitis. The plan was for 12 additional PT visits. On 12/12/14 utilization review denied a request for 12 additional sessions of PT for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 for the right ankle/knee: 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.

Decision rationale: The patient reports cumulative trauma and specific injury to the right ankle. He twisted his right ankle at work on 7/19/13. He has had several courses of PT. The current

request is for additional PT x12 for the right ankle. There is no surgical history, so the MTUS Chronic pain guidelines apply. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that, 8-10 session of therapy are indicated for various myalgias or neuralgias. The request for PT x12 exceeds the MTUS guideline recommendations. The request for Physical therapy x 12 for the right ankle/knee is not medically necessary.