

Case Number:	CM15-0128812		
Date Assigned:	07/15/2015	Date of Injury:	11/25/2013
Decision Date:	08/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old female patient who sustained an industrial injury on 11/25/2013. The accident was described as while working she was going to the cafeteria for a cup of coffee when she fell and dislocated her right knee. She was evaluated underwent an arthroscopy, physical therapy course and knee injections. A pre-operative examination dated 02/18/2015 reported the patient having failed conservative treatment. The following treating diagnoses were applied: right knee internal derangement; hypertension; diabetes; macular degeneration, and history of diverticulitis/gastrointestinal bleeding. The plan of care noted proceeding with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. According to the post-surgical guidelines: most foot and ankle surgeries require no more than 8 sessions of therapy over 3 months. In this case, the claimant was to have a Brostrom repair of the right ankle. Post-operative condition and response is unpredictable to determine 12 visits of therapy (4 more than suggested by the guidelines). As a result, the request is not medically necessary.