

Case Number:	CM15-0046948		
Date Assigned:	03/19/2015	Date of Injury:	03/28/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 injured worker is a 55 year old female who sustained an industrial injury on 03/28/14. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not discussed. Current complaints include pain in the neck lower back, right leg, knee and ankle. In a progress note dated 01/13/15 the treating provider reports the plan of care as a podiatry consultation for the right ankle, physical therapy for the ankle and shoulder, and medications to include diclofenac and omeprazole. The requested treatment is physical therapy to 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 3x week x 6 weeks right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

Decision rationale: Per the 02/07/15 report the patient presents for follow up with right ankle, lower back and neck pain. The patient's listed diagnoses include: Right ankle sprain, right ankle

Achilles tendinitis. The current request is for PHYSICAL THERAPY 3X WEEK X 6 WEEKS RIGHT ANKLE. The RFA included from [REDACTED] is dated 02/11/15 and states this request is for postoperative treatment. The patient is temporarily totally disabled. The MTUS Postsurgical Treatment guidelines Page 12 states the following for the Ankle & Foot: Ankle Sprain: Postsurgical treatment: 34 visits over 16 weeks; Postsurgical physical medicine treatment period: 6 months. The 11/11/14 PTP progress report by [REDACTED] states that authorization is requested for a diagnostic arthroscopy of the right ankle as she has intractable pain, difficulty ambulating and inability to do ADLs. The treating physician states she will need post-operative therapy. No evidence is provided that this surgery has been authorized or completed nor is there evidence that the patient has previously received post-surgical PT for the ankle. In this case, lacking evidence that the patient has received or is authorized/scheduled for right ankle surgery the request IS NOT medically necessary.