

Case Number:	CM14-0038572		
Date Assigned:	06/27/2014	Date of Injury:	06/12/2012
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 injured worker is a 33 year-old female who was reportedly injured on 6/12/2012. The mechanism of injury is noted as a twisting injury. The most recent progress note, dated 12/30/2013, indicates that there are ongoing complaints of left leg and left ankle pain. The physical examination demonstrated left ankle: positive tenderness to palpation of the left lateral malleolus, dorsum of foot, and tenderness to palpation iliolumbar area. A diagnostic imaging study included an electromyogram/nerve conduction velocity dated 2/14/2014, which revealed an unknown conclusion. The injured worker's previous treatments include nerve block, tens unit, medications and physical therapy. A request was made for physical therapy for left ankle, #10, and was not medically necessary in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of Physical Therapy to the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines pages 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically Myalgia and Radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. After reviewing the medical records provided it is noted the injured worker has had up to 72 sessions of physical therapy previously. Based on the clinical documentation provided, the claimant does have a left ankle injury; however the available medical records fails to demonstrate an improvement in pain and/or function with previous therapy. Therefore, this request is deemed not medically necessary.