

Case Number:	CM13-0000781		
Date Assigned:	02/26/2014	Date of Injury:	02/02/2013
Decision Date:	04/11/2014	UR Denial Date:	06/06/2013
Priority:	Standard	Application Received:	06/20/2013

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with the date of injury of February 2, 2013. The previous reviewing physician recommended non-certification of 12 additional left ankle PT visits due to the patient having already completed 18 therapy sessions. A Progress Note dated May 5, 2013 identifies he is better. He is able to walk a block and stairs slowly. Objective findings identify that he walks with a limp. There is tenderness of the anterior talofibular joint. He is able to do a half squat. Assessment identifies he is recovering from his ankle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: MTUS Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in

objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, while it is stated that the patient is better, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy for the left ankle is not medically necessary.