

Case Number:	CM13-0002604		
Date Assigned:	01/15/2014	Date of Injury:	04/24/2008
Decision Date:	08/11/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/22/2013

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 and Rehabilitation, 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:

The injured worker is a 39-year-old female who reported an injury on 4/24/08. The mechanism of injury was not provided. On 6/16/14, the injured worker presented with right ankle fracture. Upon examination of the right ankle there was difficulty with single heel raise. There was no crepitus over the fibula and there was a negative anterior drawer. Prior therapy included medications and physical therapy. There was no diagnosis provided at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The California MTUS guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort from the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the

treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Additionally, injured workers are instructed and expected to continue active therapies at home, there is no significant barriers to transitioning the injured worker to independent home exercise program. There is lack of physical exam findings of current deficits. Additionally, the provided request for 12 physical therapy sessions exceeds the guideline recommendations. The provider's request as submitted does provide the amount of physical therapy requested or the frequency of the visits. As such, the request is not medically necessary.