

Case Number:	CM13-0011456		
Date Assigned:	01/03/2014	Date of Injury:	07/24/2013
Decision Date:	03/18/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Maryland, and Florida. 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 physician 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 patient is a 38 year old female with stated date of injury of 7/24/2013. Mechanism of injury: Patient stated that she tripped on extension cords that come out of the floor, thus sustaining injury to her right ankle, low back and knee. She reported the injury the following shift and was sent for medical attention. She was evaluated at [REDACTED] on 7/25/2013, where x-rays were obtained and she received medication, physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy for right ankle (3 times a week for 4 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 to 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC, Pain(Chronic), Physical Medicine.

Decision rationale: Regarding physical therapy, guidelines state that 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. There should be a fading of treatment frequency from 3 visits per week to 1 or less. Active self directed home exercise should be a part of therapy. ODG recommend for ankle sprain/strain 9 visits over 8 weeks of physical therapy. Therefore the request for 12 Sessions of physical therapy for right ankle (3 times a week for 4 weeks) is not medically necessary.