

Case Number:	CM13-0021244		
Date Assigned:	03/12/2014	Date of Injury:	03/10/2013
Decision Date:	04/15/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 Preventive Medicine, 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:

According to the records made available for review, this is a 43 year old male with a 3/10/13 date of injury. At the time (8/28/13) of request for authorization for physical therapy, there is documentation of subjective (residual pain in the foot after ankle sprain) and objective (positive edema, mild erythema, ecchymosis, increased pain with range of motion in the ankle joint, greatest with inversion/eversion range of motion, mild improvement to previous findings - pain on palpation of ankle ligaments, greater over Calcaneo-Fib ligament over the lateral aspect of the right lateral malleolus, and pain with palpation over sinus tarsi right with edema, pain with dorsiflexion, and plantar flexion inversion) findings, current diagnoses (right ankle sprain, pain in the foot, inflammation, and edema of the lower extremity), and treatment to date (18 authorized PT sessions completed, medications, activity modification, immobilization, and home exercise program). Medical reports provided for review indicate improvement with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL
DISABILITY GUIDELINES (ODG), ANKLE & FOOT SECTION ON PHYSICAL THERAPY

Decision rationale: The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for a fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of ankle sprain/strain not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain, pain in the foot, inflammation, and edema of the lower extremity. In addition, there is documentation of 18 physical therapy visits, which exceeds the MTUS Chronic Pain Guidelines' recommendations. There is also no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding MTUS Guidelines' recommendations. Furthermore, despite documentation of improvement with previous physical therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, the request for 18 physical therapy sessions is not medically necessary and appropriate.