

Case Number:	CM13-0021651		
Date Assigned:	11/13/2013	Date of Injury:	05/22/2012
Decision Date:	01/14/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine, and is licensed to practice in North Carolina, New York, Pennsylvania. 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 claimant injured himself when walking on a patio. He stepped on a rock, and twisted his right ankle on 5/22/2012. He was working as a server. He last worked in July 2012, when he was terminated. He is currently undergoing treatment for pain in his neck, upper back, lower back, right wrist and hand, left ankle. The right ankle is accepted in this claim. He was treated with medication and physical therapy and was out of work for three weeks, and returned before being terminated. He has had other employment since then, but states he cannot maintain it because of the pain he has.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 300, 369, 376, 174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: On page 376 of the Occupational Medicine Practice Guidelines, Ankle and Foot section, it is noted that for acute injuries, at-home ice applications, range-of-motion and

strengthening exercises, as taught by the primary provider are recommended. Passive physical therapy is not recommended, except as initial aid prior to home exercises. Physical Medicine Guidelines (p. 99 of the Chronic Pain Treatment Guidelines)-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. On page 174 of the Occupational Medicine Practice Guidelines, in discussion of therapy for acute neck and upper back complaints, recommends 1-2 visits with physical therapy for education, counseling and evaluation of home therapy. This claimant has had prior physical therapy, and at this point, should be utilizing home exercises, or self-directed physical medicine. I do not find that 3x4 visits of physical therapy are indicated.