MAXIMUS Federal Services

Case Number:	CM13-0023509		
Date Assigned:	01/22/2014	Date of Injury:	02/25/2013
Decision Date:	03/25/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 date of injury of 2/25/13. The treating physician report, dated 8/14/13 indicates diagnoses of: 1). Sprains and strains of ankle 845.00; and 2). Enthesopathy of ankle and tarsus, other 726.79. The review of the utilization review report, dated 8/30/13 denied the request for six (6) physical therapy sessions to the left ankle. The rationale for the denial was that the patient had been discharged in March (2013), because she had been doing fine. The patient returned three (3) months later complaining of ankle pain and the guidelines only support nine (9) physical therapy (PT) visits with seven (7) of those completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of physical therapy to the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation Ankle & Foot (updated 08/19/13), Physical therapy (PT) Ankle/foot Sprain.

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

Decision rationale: The patient presents with chronic left ankle pain. The injury occurred on 2/25/13 and according to the treating physician report, dated 3/22/13, the patient had "occasional mild transient discomfort. Nearly 100% but not 100% yet." At that time the patient was "Release from care, there is no foreseeable need for future medical care, no ratable permanent impairment." On 6/27/13 the patient returned to her treating physician with persistent lateral ankle swelling and sharp pain. There were examination findings of left ankle swelling, normal range of motion, tenderness of lateral malleolus and left sinus tarsi. Recommendation was made for an initial trial of eight (8) physical therapy (PT) sessions as the patient never had any physical therapy. The Review of an Authorization for Treatment Letter from [redacted], authorized PT two (2) times a week for four (4) weeks. Physical therapy notes dated 7/16/13, 7/25/13, and 7/30/13 indicate four (4) PT visits completed with continued left ankle pain. The treating physician report dated 8/14/13 states that the patient was referred to PT times eight (8) and had improvement except for the last session, where she did some type of jumping exercise that led to a flare-up. The report also indicated that the patient has mild pain with walking in lateral ankle every time her ankle dorsiflexes. The recommendation was for PT times six (6) visits. The Chronic Pain Guidelines allow for fading of treatment frequency (from up to three (3) visits per week to one (1) or less), plus active self-directed home Physical Medicine. It recommends nine to ten (9-10) visits for Myalgia/myositis/tendonitis type of symptoms. In this case, the patient had eight (8) or so treatments of physical therapy. The treating physician's request for additional six (6) visits exceeds what is allowed per the guidelines. The treating physician does not provide a specific rationale as to why therapy should be continued other than for subjective mild pain. The patient should be able to transition into home exercise program according to the guidelines. Recommendation is for denial.