

Case Number:	CM13-0033963		
Date Assigned:	12/06/2013	Date of Injury:	04/19/2013
Decision Date:	04/17/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Neurology has a subspecialty in Neuromuscular 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 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 sustained a work-related injury April 20, 2013. Sequencing the patient stated the right foot pain. According to the note dated on August 20, 2013, the patient physical examination demonstrated the reduced right ankle range of motion, right foot tenderness to palpation of the dorsum. The patient was diagnosed with right foot strain. The patient was treated with at least 8 sessions of physical therapy. His provider requested additional 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK X 6 WEEKS, RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: According to MTUS guidelines, physical therapy for ankle sprain is recommended: 9 visits over 8 weeks. The request for additional 12 sessions of physical therapy exceed MTUS recommendations. Therefore the request of physical therapy 2 x week x 6 weeks, right foot is not medically necessary.

