

Case Number:	CM13-0040040		
Date Assigned:	12/20/2013	Date of Injury:	04/06/2013
Decision Date:	06/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker reported an injury on April 06, 2013. The mechanism of injury was not provided with the clinical information. The physical therapy note dated August 12, 2013, reported that the injured worker complained of pain to the lateral ankle. Objective examination of left ankle strength revealed ankle dorsiflexion was +4/5, ankle plantarflexion was +3/5, ankle eversion was +4/5 and ankle inversion was +4/5. The injured worker's diagnosis included left foot/ankle sprain. The request for authorization was submitted on October 07, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-100.

Decision rationale: According to the California MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue

injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. According to the clinical evidence, the injured worker received 15 minutes of cryotherapy and 15 minutes of electric stimulation (unattended). Also according to the California MTUS guidelines 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The clinical information reports that a 5-minute lapse in flexibility activity and aerobic exercise on bicycle was not performed. In addition, the request for additional physical therapy twice a week for four weeks exceeds recommended guidelines; therefore, the request is not medically necessary.