

Case Number:	CM13-0046753		
Date Assigned:	12/27/2013	Date of Injury:	08/14/2013
Decision Date:	02/19/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 applicant is a [REDACTED] employee who has filed a claim for ankle pain reportedly associated with an industrial strain injury of August 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the injured ankle, apparently notable for a partial tear of the left anterior talofibular ligament; an ankle brace; unspecified amounts of physical therapy; and eventual return to regular duty work. In a Utilization Review Report of October 1, 2013, the claims administrator denied a request for 12 sessions of physical therapy, citing a lack of functional improvement with treatment. The Utilization Review Report suggested that the applicant had had six prior sessions of physical therapy up until that point in time. The applicant subsequently appealed. In a November 27, 2013 progress note, it is stated that the applicant had been denied physical therapy. There was no bruising on exam. The applicant was intact from a neurologic standpoint. Additional physical therapy was sought. The applicant was given an ankle brace and asked to employ Naprosyn and tramadol for pain relief. An earlier note of November 6, 2013 stated that the applicant was in the process of weaning off of a CAM walker at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy three (3) times a week for four (4) weeks for the left ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Guidelines, and ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation on Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Physical Methods, Table 14-3, and Official Disability Guidelines (ODG), Physical Therapy Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the Utilization Review Report (October 1, 2013). The MTUS-Adopted Guidelines in Chapter 14 do not discuss the topic of physical therapy duration other than to endorse initial and follow-up visits for education, counseling, and evaluation of home exercise purposes in Chapter 14 Table 14-3. The ODG foot and ankle chapter supports a general course of nine sessions of treatment for the diagnosis of ankle sprain, seemingly present here. ODG further endorses tapering or fading the frequency of physical therapy over time. In this case, while a shorter course of therapy could have been supported, the 12-session course of treatment cannot as it runs counter to the principle enunciated in ODG to diminish or taper the frequency of treatment over time. While a shorter course of treatment could have been supported, the 12-session course of treatment cannot. Since partial certifications are not permissible through the independent medical review process, the request is wholly not certified.