

Case Number:	CM13-0058248		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2013
Decision Date:	03/31/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 has a date of birth [REDACTED] and a date of injury is listed as 6/7/13. She injured herself when she was at work. She was washing dishes when she twisted her ankle. Previous treatment is documented to have included at least 12 sessions of physical therapy. There is a 10/28/13 request for 12 more PT sessions. A left foot x-ray obtained on 8/8/13 was documented to be unremarkable; a left ankle MRI obtained on 8/8/13 was documented to reveal findings consistent with the presence of a split thickness tear of the peroneus brevis tendon, as well as findings consistent with plantar fasciitis. There is a 10/28/13 primary treating physician office visit that states that the patient's chief complaint is left ankle and foot pain. She is in the Moon boot. She complains of instability. She is using Voltaren Gel. On physical examination she has a positive anterior talar drawer test. She has pain with inversion. She has swelling along the ankle. Her diagnoses include a left ankle peroneus brevis tendon tear and a left grade 2 ankle sprain. Her treatment plan includes-Continue ibuprofen .2. She will use Voltaren Gel. She will stop wearing the Moon boot. She will be fitted with an air splint. She will start a program of physical therapy for range of motion, strengthening, and soft tissue modalities. A 12/9/13 office visit revealed that patient has swelling, pain and difficulty walking. She is not doing physical therapy. She is using air splints. She is using Voltaren gel. She has a positive anterior talar drawer test. She has pain with inversion. She has swelling along the ankle. A 9/25/13 document from the primary treating physician indicates that patient has had physical therapy and it has been of no help.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Physical Therapy.

Decision rationale: An additional twelve (12) sessions of physical therapy is not medically necessary per MTUS and ODG guidelines. Per documentation patient has had 12 prior PT sessions in the past. There is documentation that the patient states that prior PT did not help her. There is no documentation submitted of the actual therapy and no documentation of significant improvement of pain or function. Furthermore, an additional 12 sessions would exceed guideline recommendations for this condition. Without evidence of functional improvement or efficacy from prior therapy an additional 12 sessions of physical therapy is deemed not medically necessary and non-certified.