

Case Number:	CM14-0007945		
Date Assigned:	02/07/2014	Date of Injury:	04/13/2013
Decision Date:	06/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 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 patient is a 48-year-old male who has submitted a claim for right ankle pain, associated with an industrial injury date of April 13, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated January 7, 2014, showed that the patient complained of constant sharp pain on the right ankle with associated numbness and pain of his right foot. The pain radiated up to the back of the right calf. Physical examination revealed full range of motion for the lower extremity but uncomfortable at the extremes of right ankle range. There was also a nonspecific palpatory discomfort on the right ankle. He described a sense of numbness over the right anterolateral ankle area. The right ankle x-ray, dated 04/15/2013, showed a non-displaced fracture of the right lateral malleolus. The MRI of the right ankle, dated 07/11/2013, showed a chronic complete tear of the anterior talofibular ligament and avulsion of the tip of the lateral malleolus. Treatment to date has included physical therapy and medications. The utilization review from January 8, 2014 denied the request for physical therapy 2 x week for 5 weeks on the right ankle because the medical file documented that the claimant has already received 14 sessions of physical therapy with no documentation of results.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WK X 5 WKS RIGHT ANKLE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, page 99. Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 14 sessions of physical therapy since 10/28/2013. A progress report, dated 09/13/2013, showed functional improvement on standing and walking for prolonged period. There is noted increased of motion and improved gait pattern. The rationale for requesting additional 10 sessions of physical therapy is to promote stability after sustaining major ligament injuries. The outcome of the therapy would determine if surgical intervention would be done. An extension of PT may be necessary due to significant objective functional gains. Therefore, the request for physical therapy 2 times a week for 5 weeks for the right ankle is medically necessary.