MAXIMUS Federal Services

Case Number:	CM14-0102860		
Date Assigned:	07/30/2014	Date of Injury:	07/10/2008
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation and 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 is a 43 year old male who sustained an injury to his right ankle on 07/10/08. Mechanism of injury was not documented. Previous magnetic resonance image of the right ankle revealed evidence of significant deltoid ligament injury with chronic inflammation along the deltoid ligament; post-traumatic deformity of distal tibial plafond. Clinical note dated 05/19/14 reported that the injured worker stated he was trying to increase his activities but he was having some pain when he did in extended periods of standing/walking and was at the clinic to pick up his orthotics. Physical examination noted continued mild tenderness to palpation of the anterior medial aspect of right ankle joint at the anterior deltoid ligaments; only minimal focal edema around the surgical site today. No pain with range of motion of the right ankle joint; strength with dorsiflexion plantar flexion inversion/eversion 5/5. The injured worker was assessed to be status post right ankle arthroscopy and deltoid ligament repair dated 09/26/13 and was having continuing pain. The injured worker was given custom functional orthotic and was gait trained on use and proper break and pain and would continue physical therapy with eight visits remaining. The injured worker was recommended to remain off work for six weeks and follow up at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Ankle/foot Sprain.

Decision rationale: The Official Disability Guidelines recommend up to 34 visits over 16 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week or more to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for six (6) Physical Therapy visits are not medically necessary and appropriate.