

Case Number:	CM14-0012150		
Date Assigned:	02/21/2014	Date of Injury:	03/20/2012
Decision Date:	08/04/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 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 44-year-old female who has submitted a claim for left ankle sprain / strain, rule out internal derangement; cervical radiculitis, bilateral posterior shoulder strain, and lumbar instability with disc protrusion associated with an industrial injury date of 03/20/2012. Medical records from 2013 were reviewed. Patient complained of left ankle pain when she tripped resulting to numbness and dragging of her foot. Aggravating factor included increased weightbearing, such as walking. Physical examination showed tenderness at the lateral aspect of left ankle. An MRI of the left ankle, dated 11/13/2013, showed small retrotalar effusion. Treatment to date has included physical therapy, use of a TENS unit, acupuncture, and medications. Utilization review from 01/13/2014 denied the request for 8 physical therapy visits for the left ankle because there was no recent comprehensive physical examination to determine functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits For The Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Guidelines recommend 9 - 10 visits of physical therapy over 8 weeks for unspecified myalgia or myositis. In this case, patient complained of left ankle pain associated with numbness and dragging of her foot. Aggravating factor included increased weightbearing, such as walking. Physical examination showed tenderness at the lateral aspect of left ankle. The MRI of the left ankle, dated 11/13/2013, showed small retrotalar effusion. Patient was diagnosed with left ankle sprain / strain. Physical therapy is being requested to decrease pain and swelling. However, there was no comprehensive physical examination available to support the request for PT. Tenderness was the only evident objective finding in the progress reports submitted. The medical necessity was not established due to insufficient information. Therefore, the request for 8 Physical Therapy Visits For The Left Ankle is not medically necessary.