

Case Number:	CM14-0017025		
Date Assigned:	03/07/2014	Date of Injury:	03/04/2013
Decision Date:	04/23/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family Practice, 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 patient is a 35-year-old male who reported an injury on 03/04/2013. The patient was reportedly injured when he stumbled on a gopher hole. The documentation indicates the patient has received 18 sessions of physical therapy. The patient was seen on 01/20/2014, and was evaluated by Dr. DeMalo for a follow-up for his ankle pain. An unofficial MRI was reportedly taken, which had normal findings. The patient still rated his pain as an 8/10. He stated that the attending physical therapy sessions he thinks are helping, and was requesting additional physical therapy. Physical exam findings noted the patient had a normal gait, with normal appearance with no Achilles deficits, no deformity, no dislocation, no erythema, and no swelling. Palpation of the left ankle revealed no tenderness, range of motion exam shows full range of motion, with only painful inversion and eversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY 2 X WEEK FOR 3 WEEKS TO THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web based version, physical therapy preamble.

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

Decision rationale: According to California MTUS, patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The patient had full range of motion as of 01/20/2014; and was then noted to have decreased a month later on 02/27/2014. However, after 18 sessions of physical therapy, the patient should be well-versed in continuing with a home exercise program. Therefore, without having a rationale for why the patient is unable to participate in a home exercise program, additional outpatient physical therapy cannot be supported.