

Case Number:	CM14-0111969		
Date Assigned:	08/04/2014	Date of Injury:	05/30/2014
Decision Date:	10/06/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 42 years old female with an injury date on 05/30/2014. Based on the 06/26/2014 progress report provided by [REDACTED], the diagnoses are: 1. Ankle sprain, 2. Sprain/strain ankle, unspecified site. According to this report, the patient complains of right ankle pain with pain level at a 6/10 with 40% improvement from physical therapy. No swelling or tenderness was noted. Anterior drawer test is stable. Patient had full range of motion. The patient has been instructed to return to modified duty with restriction of crutches 80% and sitting 50%. There were no other significant findings noted on this report. The utilization review denied the request on 07/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/05/2014 to 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of Physical Therapy for the ankle and Achilles sprain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

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

Decision rationale: According to the 06/26/2014 report by [REDACTED] this patient presents with right ankle pain with pain level as a 6/10. The treater is requesting 6 additional sessions of physical therapy for the right ankle and achilles. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show the patient had completed 5 out of 6 authorized sessions of physical therapy from 06/05/2014 to 06/26/2014 with 40% improvement, pain level at a 6/10. However, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given that the patient had completed 5 out of the 6 authorized sessions; the requested 6 additional sessions exceed what is allowed by MTUS guidelines. Recommendation is for denial.