

Case Number:	CM14-0118349		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2014
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year old female was reportedly injured on 4/3/2014. The mechanism of injury is noted as a twisting injury. The most recent progress note, dated 5/28/2014, indicates that there are ongoing complaints of left ankle pain. The physical examination demonstrated left ankle positive tenderness, also swelling of the lateral and medial aspects of ankle, tendon function is intact, and distal neurovascular examination is normal. Diagnostic imaging studies include Xrays of the left ankle from 4/7/2014 which were reviewed by the treating physician with no comments on findings. Previous treatment includes physical therapy fifteen visits, medication, and conservative treatment. A request was made for physical therapy the left ankle once a week for four weeks and was not certified in the preauthorization process on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 1 time weekly for 4 weeks, left ankle QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)-TWC Ankle & Foot Procedure Summary last updated 03/26/2014 Physical Therapy 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 & Foot (Acute & Chronic), Physical therapy Updated 7/29/14.

Decision rationale: Official Disability Guidelines (ODG) guidelines states that for the diagnosis of foot and ankle sprain the claimant is authorized nine visits over eight weeks. After review of the medical documentation provided was unable to determine extenuating circumstances that would necessitate an additional four visits. The current request exceeds the current guideline recommendations of nine visits. Therefore this request is deemed not medically necessary.