

Case Number:	CM14-0133231		
Date Assigned:	09/18/2014	Date of Injury:	02/18/2014
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 injured worker is a 38-year-old male with a reported injury on 02/18/2014. The mechanism of injury was not provided. The injured worker's diagnoses included right foot and ankle contusion, grade II/III sprain/strain. The injured worker's past treatments included physical therapy, 20 sessions. The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 08/08/2014, the injured worker complained of right ankle pain, which gives out when he walks, swelling in the right ankle, and pain rated 8/10. The injured worker had medial and lateral joint line tenderness of the right ankle, 3+ with range of motion and moderate swelling. The injured worker's medications were not provided. The request was for 6 physical therapy visits for exercise only to the right ankle. The rationale for the request was for exercise only. The Request for Authorization form was submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits for exercise only (right ankle): Upheld

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

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

Decision rationale: The request for 6 Physical Therapy visits for exercise only (right ankle) is not medically necessary. The injured worker is diagnosed with right foot and ankle contusion and grade II/III sprain/strain. The injured worker complains of right ankle pain rated 8/10. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 to 10 visits over 8 weeks. The injured worker has documentation of completing 20 visits of physical therapy for the right ankle. There is a lack of documentation indicating the efficacy of the prior therapy. There is lack of documentation indicating improved pain rating from physical therapy. There is a lack of documentation that indicates significant objective functional deficits to warrant additional visits of physical therapy. As such, the request for 6 Physical Therapy visits for exercise only (right ankle) is not medically necessary.