

Case Number:	CM14-0136109		
Date Assigned:	09/03/2014	Date of Injury:	06/20/2014
Decision Date:	10/28/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 35-year-old male with date of injury of 06/20/2014. The listed diagnoses per [REDACTED] from 08/04/2014 are: 1. Left ankle sprain/strain. 2. Left open wound, toes. According to this report, the patient complains of frequent left ankle ache worse with prolonged standing and walking with feeling of instability, popping and grinding sensations. The patient also complains of pain under and around the 1st and 2nd toes. The examination on the report 07/22/2013 by [REDACTED] notes no swelling or ecchymosis. Full range of motion without pain elicited. Movement of the big toe is a "little better" without pain. Not much tenderness on MP joint and big toe. The utilization review modified the request on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 per week for 4 weeks for the left ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3 Methods of Symptom Control for Ankle and foot Complaints. Decision based on Non-MTUS Citation ODG Ankle and Foot (updated 07/29/14): Physical therapy

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

Decision rationale: This patient presents with left ankle and left foot pain. The treating physician is requesting 12 physical therapy sessions for the left ankle and foot. The MTUS Guidelines pages 98 and 99 on Physical Medicine recommend 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review modified the request to 9 visits of physical therapy. In this case, it does not appear that the patient has received any physical therapy visits. And the trial of physical therapy is reasonable to address the patient's left ankle and foot pain. However, the requested 12 sessions exceeds MTUS recommended 8 to 10 visits for various myalgias and neuralgias. Therefore, this request is not medically necessary.