

Case Number:	CM14-0136439		
Date Assigned:	09/03/2014	Date of Injury:	08/19/2001
Decision Date:	10/02/2014	UR Denial Date:	08/21/2014
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 & 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:

This case involves a 65 year old female with an 8/19/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/6/14 noted subjective complaints of left ankle pain. Objective findings included difficulty with single heel rise, and single leg balance. There was tenderness in the lateral aspect of the ankle. Motor was intact and anterior drawer negative. It is noted that she has completed 6 of 12 therapy sessions. She felt improvement. Diagnostic impressions are pain in ankle/foot joint. Treatment to date includes physical therapy, medication management. A UR decision dated 8/21/14 denied the request for physical therapy 2 x 4 left ankle. The patient has only completed 6 of 12 prior approved sessions. The remaining 6 sessions should be sufficient to address the ankle complaints and ensure a safe transition to a home exercise program. The 12 sessions exceeded normal guideline recommendations and further deviation is not supported as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pain, suffering and the restoration of function chapter 6 page 114. Official Disability Guidelines (ODG) ankle chapter - physical therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan. This should be based on the patient's progress in meeting those goals, monitoring from the treating physician regarding progress, and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. However, the patient has previously been approved for 12 total physical therapy sessions for her left ankle. Official Disability Guidelines (ODG) typically recommends up to 9 visits over 8 weeks for most non-surgical etiologies of ankle pain. She has only completed 6 of the 12 visits and has already noticed improvement. It is unclear why she would need additional sessions approved at this time. Therefore, the request for physical therapy 2 x 4 left ankle was not medically necessary.