

Case Number:	CM14-0038146		
Date Assigned:	06/25/2014	Date of Injury:	06/19/2013
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Management 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 underlying date of injury in this case is 06/19/2013. The mechanism of injury is that the patient tripped when going down stairs and felt a "pop" in the left ankle. The patient was evaluated by an orthopedist and was advised that she did not have an Achilles rupture. She was treated conservatively including medication, home exercises, and 16 physical therapy visits through 12/09/2013. On 12/09/2013, the patient was seen in followup by the treating physical rehabilitation physician. The patient reported that her left ankle pain had remained unchanged. The treating physician concluded that the patient had persistent symptoms despite previous treatment and that further treatment was necessary in order to alleviate or cure the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 10 Left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Physical Medicine pages 98-99 recommends active exercise specific to a given patient's clinical situation. This guideline then recommends transition to independent home rehabilitation. Implicit in this guideline is that if a patient does not improve as expected with prescribed physical therapy, then treating physician should either revise the means of treatment or revise the methods and goals of proposed physical therapy. In this case, the medical records do not contain such specificity or clinical analysis regarding the request for an additional 20 physical therapy visits. It is not apparent from the medical records and guidelines how or why the requested additional physical therapy would lead to a better outcome than the prior physical therapy or prior home exercise program. The medical records and guidelines at this time do not support an indication or probable benefit from the proposed additional physical therapy. This request is not medically necessary.