

Case Number:	CM14-0071364		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2013
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/16/2014

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 Illinois. 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 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 41-year-old female who reported an injury on 09/19/2013. The mechanism of injury was a fall. Diagnoses included ankle fracture and plantar fasciitis. Previous treatments include surgery, medication, and physical therapy. Within the clinical note dated 07/17/2014, it was reported the injured worker complained of residual pain and stiffness in the left leg and ankle. Upon the physical examination, the provider noted diffuse mild tenderness to palpation around the ankle joint and mild tenderness at the origin of plantar fascia. The range of motion was slightly limited in comparison to the opposite side. The provider noted slight limitation in comparison to the opposite side. The request submitted is for physical therapy to the left ankle 3 times a week for 3 weeks. However, the rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to left ankle, 3 times per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Physical Therapy to the left ankle, 3 times per week for 3 weeks is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The Guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. There is a lack of documentation in regards to the amount of physical therapy the injured worker has already completed. There is a lack of documentation including an adequate and complete physical examination to include the injured worker's decreased functional ability and decreased strength or flexibility. Therefore, the request is not medically necessary.