

Case Number:	CM14-0078346		
Date Assigned:	07/18/2014	Date of Injury:	10/05/2011
Decision Date:	09/09/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 injured worker is a 48-year-old female who reported an injury on 10/05/2011, due to leaving work to go home, she was walking across the campus. It was raining. She slipped and fell on the wet asphalt. As she was falling, her body twisted to the right and she attempted to break her fall with her arms, where she immediately felt right foot pain. Diagnoses were ankle/foot arthralgia, ankle/foot synovitis, and sprain/strain unspecified site of ankle. Past treatments were physical therapy. Diagnostic studies were an MRI of the right foot on 06/13/2014. The MRI revealed a prior tear/sprain of the anterior syndesmotic ligament. The injured worker had a physical examination on 05/27/2014 with complaints of right ankle pain. Soreness/pain increased with prolonged standing or walking. Range of motion for the right ankle is dorsiflexion to 15 degrees, plantarflexion was to 40 degrees, inversion was to 10 degrees, and eversion was to 10 degrees. Medications were ketoprofen and naproxen. Treatment was for additional physical therapy 2 times a week for 6 weeks, stability program for the right ankle, quantity 12. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks, stability program for the right ankle, quantity twelve.: Upheld

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks, stability program for the right ankle, quantity 12, is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. There should be documented functional improvement from the physical therapy sessions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was not reported that the injured worker was doing home exercises. There were no reports of functional improvement submitted. Therefore, the request is not medically necessary.