

Case Number:	CM14-0177082		
Date Assigned:	10/30/2014	Date of Injury:	04/17/2014
Decision Date:	01/05/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Practice, 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:

15 yr. old female claimant sustained a work injury on 4/17/14 involving the left ankle and after a fall while skateboarding during a filming shoot. She was diagnosed with chronic ankle pain and contusion. X-rays had shown a bimalleolar fracture. She underwent an ORIF procedure on 5/1/14. Post-operatively, she had undergone physical therapy and used a TENS unit. A progress note on 9/8/14 indicated the claimant had continued left ankle pain. Exam findings were notable for swelling in the left ankle. Range of motion was decreased and painful. The physician requested continuing physical therapy and a CT scan of the ankle. CT scan of the left ankle on 9/10/14 was unremarkable with intact hardware. She had been doing physical therapy for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines, physical therapy is not recommended except as initial aid prior to home exercises. In this case, the claimant had completed an unknown amount of physical therapy after surgery for several months. Additional therapy is not justified and response to prior therapy and functional advancement is not comparatively outlined. The request for 8 additional physical therapy visits is not medically necessary.