

Case Number:	CM14-0191679		
Date Assigned:	11/25/2014	Date of Injury:	09/18/2013
Decision Date:	01/13/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on 09/18/13 in which he bent his right ankle while performing his duties as a forklift operator. He received physical therapy which according to the orthopaedic surgical consultation on September 30, 2014, he reported "didn't help", a boot for 3 months, and an ankle brace. At the September 30, 2014 orthopaedic visit he reported right ankle pain exacerbated by prolonged standing, prolonged walking, and prolonged sitting. He reported associated symptoms of swelling, weakness, skin changes, redness, and bruising. Physical examination revealed a right antalgic gait. There was no significant deformity or misalignment of the foot or ankle. There was no edema or atrophy. There was tenderness over the right anterior talofibular ligament and over the anterolateral tibiotalar joint. Range of motion in dorsiflexion and plantar flexion was less on the right than the left. There was a slight right ankle drawer sign. An MRI of the ankle on 5/14/2014 was consistent with an osteochondral lesion in the lateral talar dome. There were also positive findings consistent with an injury involving the talofibular, calcaneofibular, and posterior talofibular ligaments. The diagnoses were 1) Chronic right lateral ankle sprain with probable residual instability, and 2) Right lateral talar osteochondral lesion, rule out anterolateral impingement. Surgery was planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 98-99.

Decision rationale: Based on the medical record available for this review, there is no record of this worker having surgery for the ankle, therefore chronic pain guidelines rather than post-surgical guidelines related to physical medicine are being considered. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home Physical Medicine. Ankle instability is not specifically addressed but for myalgia and myositis the guidelines state 9-10 visits over 8 weeks. This worker had had physical therapy previously from which he reported no benefit. There is no reason to anticipate additional physical therapy would provide further benefit beyond what a home exercise program would. This request for 12 sessions of physical therapy is not medically necessary.