

Case Number:	CM14-0195075		
Date Assigned:	12/02/2014	Date of Injury:	06/30/2014
Decision Date:	01/16/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 injured worker injured her left ankle on 06/30/14 when she slipped on a wet floor resulting in a twisting motion to her left ankle. She was initially evaluated at the emergency department on 7/2/14 reporting left ankle pain and unable to bear weight and walk due to increasing pain and swelling. Physical exam showed soft tissue tenderness and ecchymosis with an antalgic gait. X-ray was negative for ankle fracture. Initial diagnoses was for a left ankle sprain and she was started on cyclobenzaprine 10mg, Norco 5/325mg every 6 hours and ibuprofen 600mg every 6 hours. On 10/31/14 she reported continued pain since the date of the accident at work. On physical exam provocative tests are negative and she has full range of motion. Plan is to restart ibuprofen and referral to a podiatrist as well as referral for 6 sessions of physical therapy submitted to reduce pain and inflammation and restore function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1/week x 6/weeks for left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot guidelines, physical therapy

Decision rationale: The initial utilization review states that "the claimant has attended what should have been a reasonable number of physical therapy visits and there is no clinical information that warrant the continuation of physical therapy". Consequently the request for an "additional 6 visits of physical therapy is not supported". However, there is no review of physical therapy notes, number of sessions, dates of sessions or noting if there had been any improvement. In my review of the records it is not clear when or if the IW did receive prior physical therapy; it appears from the records provided that this is the first referral for PT and no prior PT has been provided. Consequently the current request of an initial course of 6 sessions of physical therapy is appropriate treatment for the documented condition of ankle pain associated with ankle sprain. As stated in the cited guidelines an initial treatment of up to 9 treatment sessions is appropriate to improve range of motion and strengthening.