

Case Number:	CM14-0201870		
Date Assigned:	12/12/2014	Date of Injury:	04/19/2014
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury occurring on 04/09/14 when, while working as a housekeeper, he slipped on a wet floor and injured his right ankle. He was diagnosed with an ankle sprain. He was seen on 08/14/14. He was wearing a CAM walker. He had participated in one session of physical therapy. He was having ankle pain with foot numbness. Medications were Norco, Naprosyn, and ibuprofen. Physical examination findings included a moderate right ankle effusion with anterior talofibular ligament tenderness. He had an antalgic gait with right ankle giveaway weakness on manual muscle testing. There were paresthesias over the lateral ankle and foot. Recommendations included use of an ankle support and he was referred for physical therapy. He was evaluated for therapy on 09/16/14. His history of injury was reviewed. Physical examination findings included decreased and painful ankle range of motion. He had decreased strength and was having numbness and tingling. There was lateral malleolar tenderness. A course of therapy was planned with therapeutic content to include an independent home exercise program. As of 10/21/14 he had attended all 10 planned treatment sessions. He had ongoing ankle pain which was rated at 8/10. There had been improvement in active range of motion. Recommendations included continued therapy. He was seen by the requesting provider on 10/31/14. Pain was rated at 7-8/10. Medications were Norco 10/325 mg and Flector. Physical examination findings included decreased and painful ankle range of motion. He had decreased lateral ankle sensation. There was an antalgic gait. Norco was refilled. Authorization for a psychiatric consultation and for an additional 12 sessions of physical therapy was requested. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks right ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain, Physical medicine treatment, (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is status post work-related injury to the right ankle and foot. Treatments included 10 sessions of physical therapy with therapeutic content including a home exercise program. He was seen by the requesting provider 6 months after injury and after completion of physical therapy treatments. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. The claimant has no other identified impairment that would preclude him from performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.