

Case Number:	CM14-0209348		
Date Assigned:	12/22/2014	Date of Injury:	08/25/2014
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 New Jersey. 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 49 year-old female who was injured on 8/25/14 after falling. She had right foot and ankle pain. She has an inverted posture of the foot, deficient everter, and plantar flexor strength. On exam, there no was minimal swelling of the anterolateral capsule, no significant deformity, and grossly normal sensory and motor function. An x-ray of the right ankle showed calcaneal spur, Achilles tendon calcification, and no obvious acute fracture. She was diagnosed with sprain of the lateral ankle ligaments and ankle degenerative joint disease. As per the chart, she had extensive physical therapy of her right ankle. Her medication included oxycodone-acetaminophen. The current request is for an additional 12 physical therapy sessions for her right ankle which was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions of physical therapy for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for additional physical therapy is not medically necessary. As per the chart, the patient has had extensive physical therapy for her right ankle. There was no objective documentation of improvement in pain or functional capacity from the previous physical therapy sessions. The request for additional 12 visits would exceed the 9-10 maximum amount of visits recommended for myalgias as per MTUS guidelines. At this point, the patient should be able to continue therapy with a home exercise program. Therefore, the request is considered not medically necessary.