

Case Number:	CM15-0007057		
Date Assigned:	01/26/2015	Date of Injury:	12/13/2013
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27 year old female with an industrial injury dated 12/13/2013. Her diagnoses include left ankle sprain and reflex sympathetic dystrophy of the lower limb. Recent diagnostic testing has included a MRI of the left ankle (08/31/2014) revealing a partial tear of the anterior talofibular ligament. She has been treated with 20 previous physical therapy session (according to the UR) and multiple medications for several months. In a progress note dated 08/26/2014, the treating physician reports constant left ankle and foot pain with associated numbness and tingling in the left foot and toes that was noted to be moderate in severity and described as sharp, throbbing, shooting and needles like sensation, despite previous treatments and therapy. The injured worker noted that her symptoms have not changed since the injury occurred. The objective examination revealed erythema and edema, tenderness to palpation over the bottom and lateral surface of the left foot, decreased plantar dorsiflexion of the left foot, diminished sensation in the left L4-S1 dermatomes of the lower extremities with paresthesias/dysesthesias, and decreased deep tendon reflexes in the lower extremities. The treating physician is requesting additional physical therapy which was denied by the utilization review. On 12/16/2014, Utilization Review non-certified a request for physical therapy twice a week for 5 weeks for the left ankle, noting the limited number of physical therapy sessions allowed by the MTUS guidelines. The MTUS Guidelines were cited, On 01/13/2015, the injured worker submitted an application for IMR for review of physical therapy twice a week for 5 weeks for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 5 for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has had approximately 20 physical therapy sessions already, and she reports no improvement. It would be expected that a home exercise program has replaced her therapist guided therapy for continued rehabilitation. There is not indication that she has suffered a new injury or re-injury that may benefit from short term therapy to reinforce a home exercise program. Medical necessity for additional therapy has not been established within the recommendations of the MTUS Guidelines. The request for Physical therapy 2 x 5 for left ankle is determined to not be medically necessary.