

Case Number:	CM15-0104639		
Date Assigned:	06/09/2015	Date of Injury:	04/30/2013
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59-year-old female, who sustained an industrial injury on April 30, 2013. She reported stepping on a pebble and her ankle rolled, falling with swelling and pain of the right ankle. The injured worker was diagnosed as having right ankle sprain/strain, rule out ankle fracture healing, and bilateral plantar fasciitis. Treatment to date has included MRIs, x-rays, immobilization, physical therapy, ankle injections, and medication. Currently, the injured worker complains of right ankle/foot weakness, soreness, and left hip soreness. The Primary Treating Physician's report dated April 7, 2015, noted the injured worker reported her pain level at a 3-4. Physical examination was noted to show tenderness at the right ATFL. The treatment plan was noted to include a request for authorization for extension of physical therapy for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, Right Ankle, 2 times wkly for 4 wks, 8 sessions: 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy right ankle two times per week times four weeks (eight sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right ankle sprain strain; rule out ankle fracture healing; and plantar fasciitis bilaterally. The request for authorization is dated April 30, 2015. A progress note dated April 7, 2015 shows the injured worker received eight physical therapy sessions to the affected ankle. The injured worker continues to experience pain and discomfort with ambulation. There are no physical therapy progress notes the medical record. There is no documentation indicating objective functional improvement from the original eight physical therapy sessions. There are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically warranted. Consequently, absent clinical documentation with prior physical therapy progress notes, evidence of objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, additional physical therapy right ankle two times per week times four weeks (eight sessions) is not medically necessary.