

Case Number:	CM15-0106391		
Date Assigned:	06/10/2015	Date of Injury:	02/23/2015
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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 63 year old female, who sustained an industrial injury on February 23, 2015. She reported losing her balance and hurt her left foot. The injured worker was diagnosed as having left ankle sprain/strain. Treatment to date has included x-rays, cold pack, physical therapy (started 3/3/2105 and completed 6 sessions), and medication. Currently, the injured worker complains of pain in the left ankle. The Initial Podiatric Evaluation dated March 26, 2015, noted the injured worker ambulated with a limp, with tenderness to palpation of the anterior ankle as well as anterior talofibular ligament noted, and lateral ankle pain and stiffness of the left ankle. The treatment plan was noted to include physical therapy three times a week for the next four weeks and Voltaren Gel to apply to the affected area three times daily. The injured worker was noted to be able to return to work with limited standing and walking, and no climbing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 4 weeks for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): Chap 3 pg 48-9; Chap 5 pg 90; Chap 14 369-71, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for myalgia and myositis should show a resultant benefit by 8-10 sessions over a 4-week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has soft tissue injury to her ankle. Since this type of injury causes inflammation similar to myositis. Therefore, the MTUS guidelines as noted above would apply. The patient has already had multiple (6) PT sessions since her injury. The sessions have been helpful. Given all the above information continued physical therapy is indicated up to the limit of 10 sessions for this acute injury. However, this request is for a longer duration of physical therapy than recommended by the guidelines. The provider did not give any reason for exceeding the MTUS guidelines. Medical necessity for the frequency and number of PT sessions requested has not been established. Therefore, the request is not medically necessary.