

Case Number:	CM15-0109394		
Date Assigned:	06/16/2015	Date of Injury:	07/05/2014
Decision Date:	07/14/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 7/5/14. He has reported initial complaints of right ankle and foot pain with swelling after injury at work. The diagnoses have included right foot and ankle sprain and right knee sprain/strain. Treatment to date has included medications, activity modifications, off work, diagnostics, consultations, physical therapy, bracing, shoe modification, and home exercise program (HEP). Currently, as per the physician progress note dated 4/15/15, the injured worker complains of continued right side foot and ankle pain but states that pain has reduced to 4/10 on pain scale from 7/10 with physical therapy. It is noted that with physical therapy he is able to stand and walk longer and reduce his intake of oral medications with therapy. He continues to have weakness and difficulty with prolonged walking. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right ankle dated 2/9/15 reveals thickening of the ligament consistent with a prior sprain and mild changes of the posterior tibial tendinosis. On exam there is tenderness over the right medial and lateral malleoli and over the right anterior talofibular ligament, and some decreased range of motion with plantar flexion and dorsiflexion. However, this is increased compared to previously. The motor strength of the ankle is noted to be graded 4/5. There are previous physical therapy sessions noted in the records. The physician requested treatment included Physical therapy for the right foot/ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with some improvement and benefit, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program. It appears the patient made some progress with therapy; however, request for continued therapy for unknown quantity is beyond the guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy for the right foot/ankle is not medically necessary or appropriate.