

Case Number:	CM15-0017097		
Date Assigned:	02/05/2015	Date of Injury:	09/02/2014
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona
 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 30-year-old female who reported an injury on 09/02/2014. The mechanism of injury was not provided. Prior treatments included an aircast and an ankle brace. The mechanism of injury was the injured worker stepped into a hole and had left ankle pain. The injured worker underwent an MRI of the left ankle which revealed the anterior talofibular ligament and calcaneofibular ligaments had high signal intensity that were likely secondary to a sprain. A partial tear was not excluded. The injured worker utilized crutches. The injured worker had a negative x-ray. The injured worker was noted to continue therapy as of the documentation of 10/27/2014. The documentation of 12/19/2014 revealed the injured worker had complaints of left ankle pain that was better. The injured worker denied numbness and tingling and had some weakness in the ankle. The injured worker was continuing physical therapy. The objective findings revealed swelling over the ankle and tenderness to palpation over the ATFL. The diagnoses included left ankle sprain. The treatment plan included follow up with continued physical therapy 1 time a week x4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Retrospective Physical Therapy 2 x 4 weeks, Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Physical Therapy.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had been attending ongoing therapy. There was a lack of documentation indicating the quantity of sessions previously attended. The request as submitted failed to indicate the dates of service being requested. There was a lack of documentation of objective functional benefit received from therapy. Given the above and the lack of documentation, the request for 8 retrospective physical therapy 2 x 4 weeks, left ankle is not medically necessary.