

Case Number:	CM15-0142345		
Date Assigned:	08/03/2015	Date of Injury:	09/30/2014
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 09-30-14. Initial complaints and diagnoses are not available. Treatments to date include medications and home exercises. Diagnostic studies include x-rays of the right foot, ankle, knee and tibia. Current complaints include pain and swelling in the ankle. Current diagnoses include possible right ankle lateral malleolus fracture and right ankle and foot pain. In a progress note dated 06-15-15, the treating provider reports the plan of care as medications, home exercises, and physical therapy. The requested treatment includes physical therapy to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 weeks for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for right ankle and foot pain. She has a diagnosis of an ankle sprain with imaging findings negative for fracture. As of March 2015, she had completed 10 physical therapy treatment sessions. When seen, she was having pain and swelling at the end of the day. Physical examination findings included an antalgic gait with swelling. There was good range of motion without instability. Authorization for an additional 18 physical therapy treatment sessions was requested. Guidelines recommend up to 9 therapy treatment sessions over 8 weeks for the treatment of an ankle sprain. In this case, the claimant has already had in excess of the recommended number of treatment sessions. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance and self-applied modalities such as heat and ice. The additional is well in excess of that recommended or what would be required to finalize a home exercise program. The request was not medically necessary.