

Case Number:	CM15-0167946		
Date Assigned:	09/08/2015	Date of Injury:	07/25/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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 35 year old female who sustained an industrial injury on 7-25-14. Initial complaint was of her left ankle injury. The injured worker was diagnosed as having unspecified site of ankle sprain; generalized muscle weakness; unspecified gastritis and gastroduodenitis (without hemorrhage); morbid obesity. Treatment to date has included physical therapy; injection into the left ankle; status post left ankle arthroscopy with synovectomy (3-20-15); bracing; medications. Diagnostic studies included a MRI of the left ankle (1-29-15). Currently, the PR-2 dated 6-17-15 indicated the injured worker is in the office for a follow-up of her left ankle injury. She reports that she rolled her ankle while at work causing pain and swelling. She reports a clear sensation of weakness of the ankle muscles and wonders if this could have contributes. She did not fall or injure anything else on this re-injury. She is a status post left ankle arthroscopy with synovectomy on 3-20-15. The MRI of the left ankle on 1-29-15 impression revealed: 1) there is a low-grade sprain of the deltoid ligament and anterior talofibular ligament. 2) Plantar calcaneal spur. 3) Otherwise negative MRI of the left ankle. On physical examination, there is a healed scar on the medial and on the lateral ankle. Her ankle range of motion is full with some inversion-eversion laxity and mild medially at the extremes of flexion and extension. Drawers are noted as negative and there is some mild tenderness. There is no tenderness to palpation of the distal fibular ligaments. Her muscle strength is 4 out of 5 to the ankle flexion, extension and external rotation. He notes she has generalized muscle weakness. The provider gave her stern instructions and cautioned her regarding non-supportive footwear as she was wearing sandals on this visit. She has difficulty taking the Lasix and then difficulty with edema to the legs. The brace becomes intolerable as the day progresses due to edema. He will request an air cast ankle brace that would probably eliminate the difficulty due to edema. He

notes she has not had physical therapy since before her surgery and therefore asking for it now for some conditioning. The provider is requesting authorization of Physical therapy 2 times a week for 4 weeks for the left ankle due to weakness of the left ankle flexors and extensors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the left ankle due to weakness of the left ankle flexors and extensors: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 4 weeks for the left ankle due to weakness of the left ankle flexors and extensors is not medically necessary or appropriate.