

Case Number:	CM15-0185291		
Date Assigned:	10/01/2015	Date of Injury:	08/21/2014
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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 35 year old female, who sustained an industrial injury on 08-21-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left ankle sprain with chronic pain, stress and depression. Medical records (01-22-2015 to 08-05-2015) indicate ongoing intermittent left ankle pain (noted to be resolving). Per physical therapy (PT) notes, pain levels were decreased from 7 out of 10 on a visual analog scale (VAS) to 5 out of 10 VAS. Activity levels and level of function were not specifically addressed. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam of the left ankle, dated 08-05-2015, revealed positive anterior and posterior drawer tests, and restricted range of motion (ROM). Relevant treatments have included: at least 12 sessions of PT with decreased pain and improved ROM, chiropractic treatments, splints, crutches, work restrictions, and pain medications. The request for authorization (08-05-2015) shows that the following therapy was requested: 18 sessions (3x6) of PT ROM testing for the left ankle. The original utilization review (09-08-2015) non-certified the request for 18 sessions (3x6) of PT ROM testing for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy range of motion (ROM) testing 3 times a week for 6 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 Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2015, Foot and Ankle, Physical Therapy.

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 August 2014 when she fell, twisting her ankle. She continues to be treated for a chronic left ankle sprain. In April 2015 she had completed four physical therapy treatments. Another course of treatment was started and six additional treatments were provided as of 04/24/15. When seen, she was having ongoing ankle pain and continued depression and stress. Physical examination findings included decreased range of motion with positive anterior and posterior drawer testing and positive Thompson's testing. Additional physical therapy, a home exercise program, and continued chiropractic treatments were recommended. In terms of physical therapy for an ankle or foot sprain, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can 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. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. In terms of range of motion testing, the extremities have the advantage of comparison to the other side. The claimant's treating providers would be expected to be able to measure strength and range of motion using conventional techniques at routine follow-up visits. The request is not medically necessary.