

Case Number:	CM15-0189812		
Date Assigned:	10/01/2015	Date of Injury:	03/21/2005
Decision Date:	12/07/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/26/2015

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: Pennsylvania, Ohio, 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 59 year old female with an industrial injury date of 03-21-2005. Medical record review indicates she is being treated for right ankle sprain, clawing of lesser toes and metatarsalgia. Subjective complaints (07-27-2015) included pain and swelling around the lateral ankle. Objective findings (07-27-2015) included difficulty with single leg stance. The injured worker had a slightly shortened, antalgic, a propulsive gait on the right in comparison to the left. Surgical scars noted on the dorsum of the left foot were well healed with "well reduced" second and third metatarsal phalangeal joints. Mild clawing of the fourth and fifth toe was noted. The ankle was stable to inversion stress test and anterior draw and comparable with the opposite. Work status is not indicated. Medications included (07-09-2015) Vicoprofen, Elavil and Lyrica. Prior treatment included home exercise program, brace and medications. Prior physical therapy-number of treatments is not indicated in the medical records review. The treatment plan included physical therapy 10 sessions two times a week for five weeks. On 08-26-2015 the request for physical therapy two times a week for five weeks for the right ankle and foot injury was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy 2 times a week for 5 weeks for the right ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.