

Case Number:	CM15-0196161		
Date Assigned:	10/09/2015	Date of Injury:	08/22/2014
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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 23 -year-old male who sustained an industrial injury on 8-22-2014. Diagnoses have included ankle and foot sprain and strain. Diagnostic MRI 5-26-2015 showed "suspicion for synovitis." Documented treatment includes right tarsal tunnel injection 2-2015, home exercise, orthotics, a cam walker, and medication. On 8-27-2015 the injured worker presented with right foot pain in the dorsal and plantar mid-foot rated 5 out of 10 on the dorsal aspect of the foot, and 7 out of 10 on the bottom. It has been worsening over the previous year. The objective evaluation noted tenderness at the plantar fascia and the neck of the talus, as well as medial malleolus. Ankle range of motion was restricted with dorsiflexion to 5 degrees with pain, and active plantar flexion was noted as restricted to 40 degrees. Active subtalar inversion was restricted to 30 degrees, and eversion 20. Active transverse tarsal joint abduction was restricted to 10 degrees and adduction 20, with pain noted with abduction. Antalgic gait was noted due to favoring the right foot. Muscle strength, joint stability and sensation tests were stated to be negative. At the 4-6-2015 visit, he reported having to walk on the outside of his foot due to pain and that it was beginning to cause low back pain. The treating physician's plan of care includes exercise, heat, ice, compression, home exercise and possible acupuncture. A request for authorization was submitted for physical therapy for the right ankle and foot twice a week for six weeks. This was denied on 9-9-2015. He has been working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 xs week x 6 weeks, right ankle, right foot (12 sessions): Upheld

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

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.