

Case Number:	CM15-0196436		
Date Assigned:	10/12/2015	Date of Injury:	01/23/2015
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
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: California, Hawaii

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 58 year old female, who sustained an industrial injury on 1-23-15. The injured worker was diagnosed as having severe right ankle sprain with residual and left knee degenerative joint disease. Medical records (7-6-15 through 8-5-15) indicated 7 out of 10 pain in her right foot. The physical exam (4-3-15 through 8-5-15) revealed tenderness to palpation of the medial aspect of the right ankle, right ankle dorsiflexion was 15 degrees and plantar flexion was 40 degrees. As of the PR2 dated 8-25-15, the injured worker reports right foot and knee pain. The treating physician noted the MRI of the right ankle "has demonstrated a split tear of the posterior tibial tendon". Objective findings include posteromedial tenderness and "some" pain with resisted dorsiflexion and inversion. Treatment to date has included an ASO brace and physical therapy (number of sessions not provided). The treating physician requested physical therapy 2 x weekly for 6 weeks for right ankle sprain. The Utilization Review dated 10-1-15, non-certified the request for physical therapy 2 x weekly for 6 weeks for right ankle sprain.

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 6 weeks for right ankle sprain: 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: The patient presents with right ankle pain. The current request is for Physical Therapy 2x a week for 6 weeks for the right ankle sprain. The treating physician's report dated 08/05/2015 (36B) states, "I provided her another referral for additional PT for strength training and gait training." The patient is not post-surgical. No physical therapy reports were made available for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The UR report dated 09/24/2015 (4A) notes that the patient has received 8 physical therapies to date. In this case, the requested 12 sessions when combined with the previous 8 would exceed guidelines. The patient should now be able to transition into a home-based exercise program to improve strength and gait. The current request is not medically necessary.