

Case Number:	CM15-0198383		
Date Assigned:	10/13/2015	Date of Injury:	12/08/2012
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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 43 year old female, who sustained an industrial injury on 12-8-2012. The injured worker was being treated for left sinus tarsi syndrome and left ankle sprain. Medical records (6-11-2015 to 9-16-2015) indicate ongoing left ankle and foot pain. The medical records show the subjective pain rating increased from 4-5 out of 10 on 6-11-2015 to 7 out of 10 at rest and worse with weight bearing and squatting on 9-16-2015. The physical exam (6-11-2015 to 9-16-2015) revealed an antalgic gait, pain with inversion and eversion of the left ankle and tenderness to palpation of the lateral ankle and dorsal foot. There was pain with heel and toe walking, and squatting. Diagnostic studies were not included in the provided medical records. Treatment has included physical therapy, a home exercise program and non-steroidal anti-inflammatory. The medical records show the injured worker underwent at least 4 sessions of physical therapy with therapeutic exercise, transcutaneous electrical nerve stimulation (TENS), and H-wave treatment and home exercise program education in Spanish from 6-25-2015 to 7-28. In addition per the treating physical therapist (6-25-2015 report), the injured worker "has had therapy on and off since 2013 for the left ankle." Per the treating physician (9-16-2015 report), the injured worker reported that she is not working currently. On 9-21-2015, the requested treatments included physical therapy 2 times per week for 3 weeks for the left ankle. On 9-28-2015, the original utilization review non-certified a request for physical therapy 2 times per week for 3 weeks 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 2 times per week for 3 weeks for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic) Physical therapy (PT).

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

Decision rationale: The patient presents with pain affecting the left ankle. The current request is for Physical therapy 2 times per week for 3 weeks for the left ankle. The physical therapy evaluation report dated 6/25/15 (23B) states, "Pt has had therapy off and on since 2013 for the L ankle." The report dated 7/28/15 (29B) notes the patient has received 4 PT visits. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the left ankle, although a quantity of previous sessions received was not specified. The patient's status is not post-surgical. In this case, the patient has received physical therapy off and on for 2 years and has received at least 4 sessions recently, therefore it is unclear if the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, after receiving 2 years of physical therapy, the patient should have already established a home exercise program. The current request is not medically necessary.