

Case Number:	CM15-0200122		
Date Assigned:	10/15/2015	Date of Injury:	02/10/2015
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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 40 year old female, who sustained an industrial-work injury on 2-10-15. She reported initial complaints of left ankle pain. The injured worker was diagnosed as having ankle sprain. Treatment to date has included medication, bracing, ice, elevation, and 12 sessions of physical therapy. MRI results were reported on 6-4-15 of the left ankle was unremarkable. X-rays were reported on 2-10-15 of the left ankle that was negative. Currently, the injured worker complains of left ankle pain that is stable and improving. Pain is dull moderate to mild top of left foot radiating to left lateral leg along muscles and tendon, no associated numbness. She is working full duty. Per the primary physician's progress report (PR-2) on 9-23-15, exam noted tenderness at dorsum of left foot and lateral leg without swelling, erythema, and ecchymosis. Tendons and nerves and joint are without visual abnormalities. Current plan of care includes additional therapy. The Request for Authorization requested service to include Physical therapy 1 time a week times 6 weeks left ankle with home exercise program (HEP). The Utilization Review on 10-1-15 denied the request for Physical therapy 1 time a week times 6 weeks left ankle with HEP, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Ankle and Foot Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week times 6 weeks left ankle with HEP: Upheld

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

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

Decision rationale: The patient presents with pain on top of the left foot with radiation to her left lateral leg along the tibialis anterior muscle and tendon. The current request is for 6 sessions of physical therapy for the left ankle with HEP. Per the UR dated 10/1/15 (6B), the patient has attended 12 physical therapy sessions in the past year. The treating physician requests 9/23/15 (55B), PT once a week for six weeks with home exercise program. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.