

Case Number:	CM15-0201941		
Date Assigned:	10/16/2015	Date of Injury:	01/21/2014
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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

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 52 year old, female who sustained a work related injury on 1-21-14. A review of the medical records shows she is being treated for right ankle pain. In the progress notes dated 8-31-15 and Doctor's First Report of Occupational Injury or Illness dated 9-9-15, the injured worker reports right ankle pain that worsens with squats, walking and when riding a bicycle. She rates her pain a 6-7 out of 10. On physical exam in the Doctor's First Report of Occupational Injury or Illness dated 9-9-15, she has pain with palpation over the right anterior talofibular ligament insertion as well as the posterior talofibular ligament insertion. She has pain with the anterior drawer maneuver with positive test. She walks with a limp. Treatments have included physical therapy-number of sessions unknown, home exercises, and use of Voltaren gel. There is no documentation on how well she responded to the physical therapy sessions already attended. Current medications include Voltaren gel and holistic treatments (herbs). She is on temporary disability. The treatment plan includes more physical therapy and an ankle brace. The Request for Authorization-Treatment Prescription dated 9-9-15 has a request for physical therapy to right ankle 3 x 4. In the Utilization Review dated 10-2-15, the requested treatment of physical therapy x 12 to right lower extremity is modified to physical therapy x 10 to right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the Right Lower Extremities: 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: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic January 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit, remaining TTD. The physical therapy 3x4 for the right lower extremities is not medically necessary and appropriate.