MAXIMUS Federal Services

Case Number:	CM15-0208404		
Date Assigned:	10/27/2015	Date of Injury:	12/05/2014
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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:

This is a 32 year old male with a date of injury on 12-5-14. A review of the medical record indicates that the injured worker is undergoing treatment for left ankle pain. Progress report dated 9-14-15 reports continued complaints of intermittent, moderate, achy left ankle and foot pain with weakness and numbness in the left foot and toes. The pain is rated 5 out of 10. Objective findings: left ankle has swelling and range of motion is decreased and painful, he walks with an antalgic gait. Treatments include: medication, physical therapy, TENS unity and acupuncture. Request for authorization was made for Physical therapy left ankle 1 time per week for 6 weeks. Utilization review dated 9-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left ankle 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The 32 year old patient complains of left ankle/foot pain and weakness, rated at 5/10, along with numbness of left foot and toes, as per progress report dated 09/14/15. The request is for physical therapy left ankle 1 x 6. The RFA for this case is dated 09/14/15, and the patient's date of injury is 12/05/14. Diagnoses, as per progress report dated 09/14/15, included left ankle sprain/strain. Diagnoses, as per podiatry report dated 09/11/15, included status post left ankle contusion, left ankle sprain, left plantar fasciitis, periostitis, and pain. Medications, as per progress report dated 07/09/15, included Norco, Gabapentin, Diclofenac, Pantoprazole, and topical compounded creams. The patient is off work, as per progress report dated 09/14/15.MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, a request for six sessions of physical therapy to decrease pain/spasm, and increase ROM is noted in progress report dated 09/14/15. A request for six sessions of physical therapy is also noted in progress reports dated 07/27/15, 06/08/15 and 04/24/15. In progress report dated 08/21/15, the podiatrist recommends continuation of physical therapy along with acupuncture and chiropractic care. The reports, however, do not indicate the number of sessions completed until now but the Utilization Review denial letter states that the patient has had 12 sessions of physical therapy. There is no discussion regarding the efficacy of prior therapy. It is not clear why the patient has not transitioned to a home exercise regimen. Additionally, MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Hence, the treater's request for 6 additional sessions appears excessive and is not medically necessary.