

Case Number:	CM15-0209093		
Date Assigned:	10/28/2015	Date of Injury:	10/17/2014
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 35-year-old male, with a reported date of injury of 10-17-2014. The diagnoses include right foot and ankle pain and right ankle sprain. The progress report dated 08-21-2015 indicates that the injured worker was seen for follow-up on his right ankle pain. It was noted that the injured worker had 4 physical therapy visits, and the therapist was going on vacation for 3 weeks. The objective findings included ankle pain, mainly laterally; decreased motion; trace amount of swelling; no instability; intact neurovascular status; and intact skin. The injured worker's work status was noted as full duty; he was not yet permanent and stationary. The medical records included a physical therapy evaluation report dated 04-16-2015 which indicates that the injured worker had right ankle pain and swelling. The pain was rated 6 out of 10 and aggravated by increased activity. The objective findings include pain in the right ankle at full range of motion; decreased range of motion in the right ankle; severe tenderness of the right ankle joint; and decreased functional mobility. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included physical therapy. The patient was certified for 23 PT visits for this injury. The current medication list was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle 2 times a week for 4 weeks, quantity: 8 sessions:
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: Request: Physical therapy for the right ankle 2 times a week for 4 weeks, quantity: 8 sessions. The guidelines cited below 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." The patient was certified for 23 PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Physical therapy for the right ankle 2 times a week for 4 weeks, quantity: 8 sessions is not medically necessary.