

Case Number:	CM15-0029296		
Date Assigned:	02/23/2015	Date of Injury:	10/08/2014
Decision Date:	04/02/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/17/2015

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, Pain Management

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 32 year old female, who sustained an industrial injury on 10/08/2014. She has reported twisting her right ankle and falling to the floor after climbing off of a step stool. Diagnosis includes right ankle lateral ligament injury without instability. Treatment to date has included ten physical therapy visits, home exercise program, and use of a walking boot. In a progress note dated 01/14/2015 the treating provider reports pain with heel/toe walking, tenderness to palpation over the lateral ligaments and anterolateral joint line along with mild soft tissue swelling and thickening. The treating physician requested twelve additional physical therapy visits noting that the injured worker has not reached her goals for gaining motion, function, and strengthening, and has only completed ten physical therapy visits to date. On 02/11/2015 Utilization Review non-certified the requested treatment of additional twelve visits physical therapy, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, Occupational Medicine Practice Guidelines, Second Edition, Acupuncture Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, Post-Surgical Treatment Guidelines, American College of Occupational and Environmental Medicine's Elbow Disorders (Revised 2007); and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for twelve visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 9 therapy visits for sprains/strains of the ankle. Within the documentation available for review, there is documentation of completion of 10 prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.