

Case Number:	CM15-0030724		
Date Assigned:	02/24/2015	Date of Injury:	12/03/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 36 year old female, who sustained a work/ industrial injury on 12/3/13 while working for the police department. Mechanism of injury was not documented. She has reported symptoms of bilateral knee rated 4/10 and chronic right ankle pain rated 5-6/10. Prior medical history was negative. Surgical history included right ankle arthroscopy and debridement. The diagnoses have included grade III right ankle sprain and right ankle anterior talofibular ligament injury (ATFL) with osteochondral bruise of the talar dome. Treatments to date included prior 32 prior post surgical physical therapy sessions, conservative treatments, steroid injections, off loading with controlled ankle motion (CAM) boot. Medications included Voltaren gel and Soma. The treating physician's report (PR-2) from 2/18/15 indicated there was ongoing pain with continued numbness along the dorsal aspect of the right foot. There was mild tenderness along the lateral gutter of the right ankle. The treating physician requested follow up with a foot/ankle specialist and additional physical therapy session. On 1/27/15, Utilization Review non-certified an 18 Physical Therapy Sessions: Right Ankle, citing the Official Medical Fee Schedule (OMFS). Non-MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions: Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: Guidelines support use of an initial course of 17 sessions of physical therapy for treatment of ankle disorders. If there is evidence of functional improvement, additional sessions may be appropriate. In this case, the patient had already received 32 physical therapy sessions and documentation is lacking which indicates evidence for functional improvements. Thus, this request for additional physical therapy sessions is not medically necessary and appropriate.