

Case Number:	CM15-0031086		
Date Assigned:	02/24/2015	Date of Injury:	09/19/2014
Decision Date:	05/04/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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: Massachusetts

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 39 year old male, who sustained an industrial injury on 9/19/14. He reported left ankle, heel, and calf pain with numbness and shooting pain into the toes. The injured worker was diagnosed as having left ankle sprain and left heel pain referable to plantar fasciitis. Treatment to date has included left ankle intraarticular injection with relief for 1 week. Other treatment included physical therapy and oral anti-inflammatory medication. A MRI of the left ankle obtained on 10/6/14 revealed mild joint effusion with synovitis, tear of the anterior talofibular ligament, subchondral cystic changes and edema at the anterior facet subtalar joint. Currently, the injured worker complains of left ankle pain. The treating physician requested authorization for additional physical therapy 2x4 for the left ankle. The treating physician noted additional physician therapy was needed to return the injured worker to his normal extended work day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4 for the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for a left ankle sprain. When seen, there had been improvement with physical therapy, an injection, medications, shoe and activity modification, and an injection. He had completed 10 therapy treatments. There was ankle swelling and tenderness. Guidelines recommend up to 9 treatments over 8 weeks for this condition. The claimant has already had in excess of this number of treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the request is not medically necessary.