

Case Number:	CM15-0047366		
Date Assigned:	03/19/2015	Date of Injury:	03/25/2013
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 40 year old male fire fighter who sustained an industrial injury on March 25, 2013. He reported that while participating in physical fitness training he twisted his left ankle, with immediate pain and swelling in his left ankle. The injured worker was diagnosed as having grade III left ankle sprain, status post left ankle arthroscopy February 4, 2014, compensatory chronic lumbar strain from gait abnormality, and left L5 numbness. Treatment to date has included left ankle MRI, physical therapy, a walking boot, and medication. Currently, the injured worker complains of persistent low back pain and left ankle pain. The Primary Treating Physician's report dated January 21, 2015, noted the injured worker reported slightly improved low back and left ankle pain, with the pain made better with rest, medication, and ice/heat. Examination of the lumbar spine revealed tenderness over the midline and right paraspinal musculature with limited flexion and extension because of the pain. Examination of the left ankle showed mild effusion, tender over the anterior tibiotalar joint, and some crepitation noted with passive range of motion (ROM). The treatment plan was noted to include continuing with Norco as needed for pain, obtain results of the January 2015 electromyography (EMG)/nerve conduction velocity (NCV), schedule appointment for authorized physical therapy to the lumbar spine, medical follow up, and authorization for topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The MTUS post surgical treatment guidelines recommend up to 34 sessions of post operative physical therapy for ankle sprain. In this case, the injured worker has completed 42 sessions of post-operative physical therapy treatments to date. The injured worker has exceeded that number of recommended treatments and there is no evidence of significant objective functional improvement obtained from past treatments. The request for additional therapy is therefore not supported. The request for Physical Therapy 2 times a week for 6 weeks for the Left Ankle is not medically necessary.