

Case Number:	CM15-0050114		
Date Assigned:	03/23/2015	Date of Injury:	10/16/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 66-year-old female, who sustained an industrial injury on October 16, 2014. She reported left ankle pain. The injured worker was diagnosed as having a left ankle sprain. Treatment to date has included x-rays, off work, an ace wrap, an ankle brace, physical therapy, home exercise program, and medications including pain and non-steroidal anti-inflammatory. On March 20, 2015, the injured worker complains of continued stiffness and difficulty with prolonged walking/weight bearing of more than 15 minutes. The treating physician notes she has completed 12 of 14 physical therapy sessions with improvement of her left ankle pain and range of motion, especially lateral deviation and plantar flexion. The physical exam revealed mild tenderness over the medial malleolus and the medial ¼ distal leg, no lateral malleolus tenderness, full range of motion with mild pain on inversion/eversion, and no instability. The treatment plan includes continuing physical therapy and home exercise program for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the Left Ankle QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, 2nd Edition (2008 Revision), pp. 1039-1041 and Official Disability Guidelines, Ankle and Foot, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents with left rotator cuff tear, left humerus greater tuberosity fracture, left bicep tendon tear, and left ankle post-fall. The physician is requesting **ADDITIONAL PHYSICAL THERAPY FOR THE LEFT ANKLE QUANTITY 6**. The RFA dated 03/04/2015 shows a request for physical therapy, requesting 6 additional physical therapy. The patient's date of injury is from 10/16/2014, and she is currently on modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not postsurgical. The physical therapy report dated 03/06/2015 show visit #10. The patient has ongoing left ankle tenderness and swelling. She reports that she is doing much better at this time. The patient is improving with her left ankle range of motion, lower extremity strength, balance, and stability. She tolerates therapy sessions well and is compliant with her home exercise program. The therapist states that the patient will greatly benefit from ongoing therapy focused on stretching, strengthening, and balance training. In this case, the patient has recently received 10 physical therapy sessions, and the requested 6 additional sessions would exceed MTUS Guidelines. The patient should now be able to continue with her current home exercise program to improve strength and range of motion. The request IS NOT medically necessary.