MAXIMUS Federal Services

Case Number:	CM13-0036018		
Date Assigned:	12/13/2013	Date of Injury:	09/09/2007
Decision Date:	09/25/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Colorado. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year old female who was working for [redacted] when she sustained a twisting left ankle injury on 9/9/07. The diagnosis is noted as left ankle sprain and synovitis. Initial X-rays reported no gross fracture or dislocation. A 2007 magnetic resonance imaging scan showed an inversion sprain of the anterior talofibular and calcaneofibular ligaments. She was treated with medications and a cast boot. She returned for additional treatment in 2013 with approval of 6 physical therapy sessions. She completed 4 out of the requested 6. The current request is an appeal for additional physical therapy x 6 sessions. On 9/16/13 a physical therapy progress reports 4 visits completed with active and passive treatment to include home exercise program instructions. Objective findings on this date noted mild improvement of dorsi flexion and plantar flexion, inversion strength from 5-/5 to 5/5, eversion strength from 4-/5 to 4+/5, increased Range of Motion, ankle stable to testing. On 9/24/13 a podiatry evaluation reported improvement with therapy. The injured worker's exam noted no edema, slightly diminished muscle strength on eversion and inversion, stable to testing. The injured worker is able to work full duty. Her diagnosis was left ankle sprain with 6 physical therapy visits recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT ANKLE SIX (6) SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The injured worker is 7 years post injury and after 4 physical therapy treatments her function had improved to the point that she returned to full duty with improved strength and range of motion. Additional physical therapy is not supported by the medical treatment guidelines. Examination findings reflected no edema and normal strength with no laxity and x-ray findings are normal. The medical treatment guidelines do not support ongoing physical therapy beyond the acute to subacute phase of injury with return of function and injured workers are expected to continue active therapies at home as an extension of the treatment process. At this point the injured worker should be transitioned to an independent home exercise program. Therefore the request is not medically necessary.