

Case Number:	CM14-0110869		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2013
Decision Date:	12/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 32 year old male injured worker suffered an industrial accident on 8/27/2013. He was leaving the store which was his place of employment, twisted the right ankle and fell. The diagnosis was right ankle ligament tear. The UR stated that the injured worker had undergone extensive physical therapy and chiropractic treatment in the past. The treatments also included medications and an ankle splint. The provider's note of 12/4/2013 indicated he had completed 9 sessions of physical therapy. On 1/29/2014 12 additional therapy sessions were initiated. The documentation provided did not include objective evidence of functional improvement as a result of physical therapy except for returning to work. The visit notes of 4/10/2014 and 5/21/2014 indicated that the injured worker complained of increase pain and swelling since returning to full duty. The exam revealed tenderness, minimal swelling and decreased range of motion. The UR decision to deny the request for addition physical therapy cited no objective improvement in the ankle from prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x4 (8) right ankle: 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: Additional PT 2x4 (8) right ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior PT. It is unclear why the patient cannot perform a home exercise program independently and requires 8 more supervised PT visits. Furthermore, the documentation is not clear on the amount of prior PT for the right ankle and objective findings of functional improvement from this therapy. The patient has gone back to work. Without further clarification the request for additional PT 2x4 (8) right ankle is not medically necessary.