

Case Number:	CM14-0129500		
Date Assigned:	08/18/2014	Date of Injury:	03/28/2014
Decision Date:	10/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 and is licensed to practice in Louisiana. 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:

Ortho evaluation dated 07/15/2014 documented the patient to have complaints of pain in her neck, upper and lower back. She reported the pain radiates to her upper and lower extremities with numbness and tingling. She also reported difficulty with performing activities of daily living secondary to the pain. Objective findings on exam revealed positive tenderness and spasms of the paracervical muscles. Deep tendon reflexes are 2+ bilaterally. Her right ankle revealed positive tenderness over the anterior talofibular ligament. There is tenderness to palpation over the medial joint line, positive pes planus, and calf tenderness. She is unable to fully extend right knee, -30 degrees. The patient is diagnosed with right ankle sprain; rule out internal derangement of the right ankle, and radiculitis bilateral lower extremities. The patient was recommended physical therapy for the right ankle. Prior utilization review dated 07/31/2014 states the request for Physical therapy sessions 3 times a week for 6 weeks, total 18 sessions for the right ankle is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 3 times a week for 6 weeks, total 18 sessions for the right ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Physical Therapy

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for both passive portion for acute short-term relief and active methods to maintain improvement levels allowing 10 visits over 8 weeks. Guidelines require documentation of objective improvement with previous treatment, functional deficits, functional goal, and a statement identifying why an independent home exercise plan program would be insufficient. There is a lack of supporting documentation with current limited objective or functional deficits and the request exceeds the guideline recommendation therefore, it is not medically necessary at this time.