

Case Number:	CM14-0133548		
Date Assigned:	08/27/2014	Date of Injury:	09/16/2013
Decision Date:	09/25/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Pain Management and is licensed to practice in California. 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 28-year-old male with a 9/16/13 date of injury, when he stepped off his truck and stepped on a speed bump, sustaining an inversion type injury. He was diagnosed with a significant ankle sprain; however x-rays were negative for fractures. Physical therapy was rendered in 11/2013 and completed on 3/2014. A progress report dated 01/21/14 stated that additional physical therapy (PT) was denied. The patient only underwent 6 sessions of PT. A progress report dated 02/11/14 described good range of motion in the left ankle with good stability. Additional PT was approved. A progress report dated 07/16/14 described left ankle and foot pain. Initial pain was over the anterior aspect of the ankle, however more recently pain complaints were over the lateral aspect of the ankle. Clinically, there was mild tenderness to palpation over the peroneal tendons just inferior to the tip of the fibula, pain over the peroneal tendons with active and resisted motion of the muscles, and tenderness to palpation in the third web-space of the foot. Forefoot squeeze test elicited pain. There was mild increase in laxity on anterior drawer and varus stress of the left ankle, as compared to the contralateral side. MRI of the left foot to assess for neuroma was requested. An injection was performed into the third web-space. PT, 1-2 times/ week for 4-6 weeks was requested. A progress report dated 07/30/14 described no relief from the injection. MRI of the left foot was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional PT visits for left foot/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot and ankle chapter; Ankle/foot Sprain (ICD9 845):â€”Medical treatment: 9 visits over 8 weeksâ€”Post-surgical treatment: 34 visits over 16 weeks.

Decision rationale: The patient sustained an ankle sprain and ODG guidelines recommend up to 9 visits of PT over 8 weeks for conservative treatment. However, as with the prior adverse determination, there is no documentation of specific functional improvement from rendered physical therapy. CA MTUS requires documentation of improved in function before medical necessity for additional treatment is substantiated. This has not been documented. Therefore, the requested treatment is not medically necessary.