

Case Number:	CM14-0153242		
Date Assigned:	09/23/2014	Date of Injury:	02/18/2014
Decision Date:	10/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 38-year-old with a date of injury on February 28, 2014. Subjective complaints are of right ankle swelling, ankle giving out when walking, and ankle pain. Physical exam shows decreased right ankle range of motion, and moderate swelling. Right ankle MRI shows bone marrow edema/contusion of the talus, joint effusion, and sprain or tear of tibiotalar and distal peroneus tendon. Treatment has included NSAIDs (non-steroidal anti-inflammatory drugs), CAM boot, and activity modification. Patient had completed 12 sessions of physical therapy directed towards the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FOOT/ANKLE, PHYSICAL THERAPY

Decision rationale: The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG

recommends 9 physical therapy sessions over 8 weeks for ankle sprains/strains. Submitted documentation indicates that this patient has already received 12 sessions of physical therapy. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for physical therapy for the right ankle, twice weekly for three weeks, is not medically necessary or appropriate.