

Case Number:	CM13-0061687		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2013
Decision Date:	04/20/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old man sustained an industrial injury on 11/26/2013. The mechanism of injury is not detailed. Current diagnoses include left ankle sprain, left foot strain/bone bruise, and left anterior talofibular ligament tear. Treatment has included oral medications and use of a moon boot. Physician notes on a PR-2 dated 11/13/2013 show complaints of foot pain rated 5-8/10, depending on activities. The worker is to begin physical therapy. Recommendations include modified work duty and activity restrictions, physical therapy, continue using the ankle brace or moon boot, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy (12-sessions, 3 times a week for 4 weeks for the left ankle/foot): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary, Physical Therapy Guidelines.

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

Decision rationale: This patient has a date of injury of 04/14/13 and presents with left foot and ankle strain. The Request for Authorization is dated 10/15/13. The current request is for continued physical therapy 3x4 left ankle/foot. Progress report dated 05/22/13 states "he is starting his first physical therapy session on 05/23/14." The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The Utilization review states that the patient has been authorized for 6 physical therapy visits. In this case, the treating physician's request for 12 physical therapy sessions exceeds what is recommended by MTUS. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This request is not supported by the MTUS guidelines and IS NOT medically necessary.