

Case Number:	CM14-0199092		
Date Assigned:	12/09/2014	Date of Injury:	07/08/2014
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a patient of the date of injury of July 8, 2014. A utilization review determination dated October 30, 2014 recommends non-certification due to "lack of documented abnormal ankle exam." A progress report dated September 4, 2014 identifies subjective complaints of pain in the neck radiating to the lower back and legs. The patient also complains of pain in the buttocks, legs, knees, and right ankle. Physical examination findings revealed normal sensation and strength in the lower extremities, with no specific physical examination of the ankle. Diagnoses include cervical sprain, lumbosacral sprain, bilateral knee sprain, and mild right ankle sprain. The treatment plan recommends 6 additional physical therapy sessions as the patient has only received 3 physical therapy sessions thus far. The physical therapy is requested to "gain further strength in order to enhance the healing process." A physical therapy report dated October 6, 2014 indicates that the patient has undergone 12 therapy sessions.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend a maximum of 9 therapy visits for the medical treatment of ankle sprain. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions. Additionally, there is no recent physical examination of the patient's ankle identifying remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the current request does not contain a frequency or duration of therapy. Open-ended application of therapy is not supported by guidelines, and unfortunately there is no provision to modify the current request. As such, the currently requested additional physical therapy is not medically necessary.