

Case Number:	CM15-0001711		
Date Assigned:	01/12/2015	Date of Injury:	10/08/2014
Decision Date:	03/13/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/05/2015

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:

The injured worker is a 31-year-old female who reported an injury on 10/08/2014. The mechanism of injury involved a fall. The current diagnosis is right ankle lateral ligament injury without instability. The injured worker was evaluated on 11/12/2014 with complaints of pain, tenderness, limitation of motion, swelling, and weakness of the right ankle. Upon examination, there was tenderness to palpation over the lateral ligaments and anterolateral joint line with mild resolving soft tissue swelling and thickening. There was grade 4/5 calf muscle strength, 20 degree dorsiflexion, 30 degree plantarflexion, 10 degree inversion, and less than 5 degree eversion. X-rays of the right ankle revealed normal findings. An MRI of the right ankle dated 10/30/2014 reportedly revealed findings consistent with a straining injury to the right ankle. Recommendations at that time included continuation of therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Physical Therapy

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of a significant functional improvement following the initial course of treatment. Additionally, the request does not include a specific body part. Therefore, the request is not medically appropriate at this time.