

Case Number:	CM15-0005421		
Date Assigned:	01/16/2015	Date of Injury:	07/05/2014
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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 35-year-old female who reported an injury on 07/05/2014. The mechanism of injury was a twisting injury. The injured worker's diagnosis included sprain of ankle. The injured worker's past treatments included crutches, hot/cold therapy, and medications. On 12/26/2014, the injured worker continued to report pain in the right ankle with radiation to the right calf and right knee. She reported her pain was worse at night. She reported intermittent swelling in the ankle with prolonged weight bearing. The injured worker complained of weakness but denied balance problems and numbness. Upon physical examination, the injured worker was noted with tenderness to palpation inferior to the lateral malleolus. Examination of the lower extremities did not reveal any evidence of edema or erythema around the right ankle. The range of motion of the right ankle appeared to be within normal limits passively. Inversion of the ankle was painful. Strength was slightly diminished with extension of the right great toe and right ankle dorsiflexion; however, it is difficult to determine if this is due to pain inhibition. Sensory exam was within normal limits. The request was for physical therapy 2 times a week times 3 weeks, quantity 6. The rationale for the request was not clearly provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 3x week, quantity 6: 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 Physical medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2 times a week times 3 weeks quantity 6 is not medically necessary. According to the California MTUS Guidelines, active therapy may be recommended 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker reported continued pain in the right ankle with radiation to the right calf and right knee. However, the pain was not quantified. The documentation did not provide sufficient evidence of significant objective functional deficits. In the absence of documentation with sufficient evidence of significant objective functional limitations and a complete and thorough pain assessment (to include a current quantified pain), the request is not supported. Additionally, as the request was written, the body part to received physical therapy was not specified. As such, the request is not medically necessary.