

Case Number:	CM15-0013215		
Date Assigned:	01/30/2015	Date of Injury:	08/31/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/22/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 50 year old female, who sustained an industrial injury on 08/31/2014. On provider visit dated 11/03/2014 and 10/23/2014, the injured worker has reported left ankle was getting better but still unable to walk as quickly as she would like. On assessment on 10/23/2014 noted limited and painful left ankle range of motion, and painful left ankle resisted testing. The diagnoses have included sprain of ankle. Treatment to date has included a physical therapy and MRI of left ankle. Treatment plan included six (6) additional outpatient physical therapy for the left ankle, 2 x a week for 3 weeks. On 12/22/2014 Utilization Review non-certified six (6) additional outpatient physical therapy for the left ankle, 2 x a week for 3 weeks. The CA MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional outpatient physical therapy for the left ankle, 2 x a week for 3 weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks;and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has had prior treatment with at least 6 physical therapy visits. The patient has met most of the goals and will continue to improve with home exercise program per physical therapist note. Documentation in the medical record does not support additional physical therapy. In addition the requested additional six visits would bring the total to 12 visits. This surpasses the maximum recommended of 10 visits. The request should not be authorized.