Case Number:	CM15-0016074		
Date Assigned:	02/05/2015	**Date of Injury:**	09/02/2014
Decision Date:	03/24/2015	**UR Denial Date:**	01/12/2015
Priority:	Standard	**Application Received:**	01/28/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 30year old female, who sustained an industrial injury on 9/02/2014, after stepping in a hole, resulting in left ankle pain. The diagnoses have included ankle sprain unspecified site. Treatment to date has included conservative measures, including physical therapy. Per the PR2 report, dated 10/27/2014, the injured worker complained of left ankle pain, unchanged and rated 5/10. Initial radiographic testing was documented as negative. She stated she used the stationary bike in therapy the previous week and now reported increased pain and swelling. Occasional ibuprofen use was reported, when the pain was severe. Other treatments included ice, heat, and crutches. Physical exam noted swelling over the ankle and tenderness to palpation over the anterior talofibular ligament, mid-foot and sinus tarsi. Treatment plan included continued physical therapy. Physical therapy notes were included for 10/20/2014, 10/10/2014, 10/29/2014, and 10/27/2014. Magnetic resonance imaging of the left ankle, dated 12/16/2014, noted findings consistent with a sprain and a partial tear was not excluded. On 1/12/2015, Utilization Review non-certified a retrospective request for physical therapy (1x week x4 weeks), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Additional Physical Therapy 1xwk X 4wks Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Per MTUS, Physical Medicine recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This patient had no neuralgia or myalgia signs to indicate PT and it would not be medically necessary.