

Case Number:	CM15-0117326		
Date Assigned:	06/25/2015	Date of Injury:	06/09/2014
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, New York
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 37 year old female patient who sustained an industrial injury on 06/09/2014. The accident was described as while working as a teacher playing a basketball game and hurt her foot/ankle. On 06/10/2014 the patient underwent radiography study of the left ankle that revealed avulsion injury at the lateral malleolus. A recent primary treating office visit dated 05/18/2015 reported subjective complaint of having left foot and ankle pain. She is currently working full time. The treating diagnosis is pain, limb status post ankle sprain. Current medications are: Gabapentin, Celebrex, Prilosec and Athrotec. She was administered a left lumbar sympathetic block. The patient did undergo a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times weekly for 3 weeks to left foot for desensitization: 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 Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the left foot for desensitization is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post ankle sprain. The documentation shows the injured worker was authorized for physical therapy July 21, 2014. As of September 10, 2014, the injured worker completed two physical therapy sessions. In a progress note dated October 29, 2014, additional physical therapy was requested. The total number of physical therapy sessions to date are not specified in the medical record. There are no physical therapy progress notes in the medical record demonstrating objective functional improvement. There are no compelling clinical facts documented in the medical records indicating additional physical therapy is warranted. The injured worker is working full time. The injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation demonstrating objective functional improvement, the total number of physical therapy sessions to date and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times three weeks to the left foot for desensitization is not medically necessary.