

Case Number:	CM15-0175246		
Date Assigned:	09/16/2015	Date of Injury:	12/05/2014
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old female who sustained an industrial injury on 12-05-14. A review of the medical records indicates the injured worker is undergoing treatment for left ankle sprain-strain. Medical records (07-27-15) reveal the injured worker complains of left ankle pain rated at 7/10. The physical exam (07-27-15) reveals there is "no bruising, swelling, atrophy, or lesion present at the left ankle." Treatment has included physical therapy, oral and topical medications. The original utilization review (08-06-15) non-certified additional physical therapy to the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot/ankle physical therapy x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for a left ankle injury with a crush injury sustained while operating a forklift when it struck another forklift carrying pallets. He was treated with a cast and then had physical therapy with case notes referencing completion of more than 10 treatments. When seen, he was having intermittent pain and stiffness with prolonged standing and walking. There was ankle swelling with tenderness and decreased and painful range of motion. There were muscle spasms in the calf. There was pain with anterior drawer testing. His BI is nearly 32. Additional physical therapy is being requested. In terms of physical therapy after a crush injury of the ankle or foot, guidelines recommend up to 12 treatment sessions over 12 weeks and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.