

<b>Case Number:</b>	CM15-0175772		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of September 8, 2014. In a Utilization Review report dated August 20, 2014, the claims administrator failed to approve a request for an office follow up visit and an additional 18 sessions of physical therapy. The claims administrator referenced an August 11, 2015 office visit in its determination. The claims administrator contended that the applicant had received 16-18 prior physical therapy treatments through the date of the request. The claims administrator invoked non-MTUS ODG Guidelines in office visit to deny the request for the followup office visit also at issue. The applicant's attorney subsequently appealed. On August 11, 2015, the applicant reported ongoing complaints of ankle and heel pain, severe, 9/10. The applicant was placed off of work, on total temporary disability, while 18 sessions of physical therapy were sought. The applicant was asked to follow up in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Follow-Up Visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits, page 5.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Yes, the request for an office follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in the ACOEM Chapter 5, page 79, frequent follow up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here the applicant was off of work on total temporary disability, it was reported on August 11, 2015. Obtaining a follow-up visit was, thus, indicated on several levels, including at a minimum for disability management purposes. Therefore, the request was medically necessary.

**Additional PT at 3x6 On Top of The 16-18 Authorized PT Visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** Conversely, the request for 18 additional sessions of physical therapy for the ankle was not medically necessary, medically appropriate, or indicated here. The applicant has had prior treatment (15 to 18 treatments, per the claims administrator) seemingly in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was placed off of work, on total temporary disability on August 11, 2015. Severe, 9/10 foot and ankle pain complaints were reported. It did not appear, in short, the applicant profited following receipt of 16 to 18 prior sessions of physical therapy in terms of the functional improvement measures established in MTUS 9792.20e. It did not appear likely that the applicant would stand to gain from further physical therapy, going forward. Therefore, the request was not medically necessary.