

Case Number:	CM15-0075456		
Date Assigned:	04/27/2015	Date of Injury:	12/03/2013
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 36 year old female who sustained an industrial injury on 12/03/2013. Current diagnoses include grade III right ankle sprain, right ankle ATFL tear with osteochondral bruise of the talar dome, compensatory right knee sprain, previous right knee industrial meniscal tear, and status post right ankle arthroscopy. Previous treatments included medication management, right ankle surgery on 08/01/2014, cortisone injection, and physical therapy. Report dated 03/23/2015 noted that the injured worker presented with complaints that included persistent low back pain, bilateral knee pain, and right ankle pain. Pain level was 4 out of 10 (back), 6-7 out of 10 (knees), and 8 out of 10 (ankle) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for a short course of physical therapy. The physician noted that the injured worker still has decreased functioning and decreased range of motion, and that physical therapy is an attempt to increase functionality and strength. Disputed treatments include 6 physical therapy sessions for the right ankle. Notes indicate that the patient has been certified for a total of 84 therapy sessions with 54 sessions being completed after surgery in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions for the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the patient has already exceeded the maximum number recommended by guidelines for his diagnoses, with no documentation of an intervening injury or complication for which additional therapy may be indicated. In light of the above issues, the currently requested additional physical therapy is not medically necessary.