

Case Number:	CM15-0095485		
Date Assigned:	05/22/2015	Date of Injury:	09/06/2014
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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

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 28 year old male, who sustained an industrial injury on 9/06/2014. He reported a slip without fall, twisting his left ankle. The injured worker was diagnosed as having left ankle strain. Treatment to date has included x-rays, ankle support, magnetic resonance imaging, physical therapy (number of completed visits unspecified), and medications. Electromyogram and nerve conduction studies of the lower extremities (2/24/2015) were within normal limits. Magnetic resonance imaging of the left ankle was documented as showing no significant pathology, but did note a 6-7mm subchondral cyst around the talonavicular joint. Currently, the injured worker complains of left ankle pain, with numbness and tingling. He also reported pain in his neck, upper back, and left hip. He also complained of anxiety and depression as a result of his injury. He appeared anxious and agitated. Lower extremity exam noted multiple "bite marks", that appeared to be healed insect bites. There were no abnormal movements of the left ankle, no ligament dyslaxity, range of motion was full, and strength was mild to decreased eversion and foot dorsiflexion. There was slight pain to palpation medial to the lateral collateral ligament, without laxity. Urine drug screen was positive for opioids. Current medication regime was not noted. It was noted that he stopped working completely in 10/2014. The treatment plan included continued physical therapy, 2x6, for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy for the left ankle (2xWk x 6Wks): 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 Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The continue physical therapy for the left ankle (2xWk x 6Wks) is not medically necessary and appropriate.