
Notice of Independent Medical Review Determination

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/9/2013

1/26/2013

5/28/2013

CM13-0000497

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued physical therapy 3 times a week for 8 weeks for the left ankle **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/28/2013 disputing the Utilization Review Denial dated 5/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued physical therapy 3 times a week for 8 weeks for the left ankle **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 9, 2013

“EE was in the process of unlocking vehicles to start day off, walking through wet grass when he slipped and twisted his left ankle. EE sustained a left ankle fracture and was hospitalized on 1/26/13. Patient had left ORIF. He was in the hospital until 1/31/13 in which he was transferred to rehab d/t safety concerns.

“Stay in rehabilitation approved through 2/15/13 due to safety issues. W/c transportation provided by [REDACTED] for 2/11/13 and 2/28/13. On 2/13/13, home PT/OT/RN evaluation approved as well as DME. On 2/22/13, Skilled nurse f/u, cushion for W/C and HHA approved until MDs NOV on 2/28/13. On 2/28/13, cam walker boot approved on a rush basis for the 2/28/13 MD f/u visit. As of 2/28/13, patient is 50% weight bearing and cleared to drive. On 4/4/13, additional therapy, (2-3x/week for 4 weeks of PT) approved. After completion of this block of treatment ee will have completed 24 post-op PT. On 5/3/13, received request for 24 additional PT sessions sent for medical director review.

“**Ee is now full weight-bearing”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received on 5/28/13)
- Utilization Review Determination (dated 5/9/13)
- Physical therapy notes from [REDACTED] (dated 3/7/13-5/16/13)
- Non-Oasis Assessment Reports from [REDACTED] (dated 2/18/2013-2/28/13)
- Physician's Report and Medical Records from [REDACTED] (dated 2/11/13-6/6/13)
- Orthopedic Consultation and Operative Report from [REDACTED] (dated 1/26/13-2/5/13)
- X-ray Report of Left Ankle, Tibia and Fibula and Follow up X-ray of Left Ankle from [REDACTED] (dated 2/28/13-5/2/13)
- CT Lower Extremity without Contrast from [REDACTED] (dated 6/13/13)
- Patient Progress note from [REDACTED] (dated 3/7/13)

1) Regarding the request for continued physical therapy 3 times a week for 8 weeks for the left ankle :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines (2009), Fracture of ankle, Bimalleolar section, pg. 13 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 1/26/13 the employee sustained an industrial related injury to the left ankle resulting in an ankle fracture. The medical records submitted and reviewed indicate treatment included; CT scan; X-rays; open reduction internal fixation surgery; and a total of 24 physical therapy sessions. It was noted the employee had returned to full-weight bearing status. A request was submitted for continued physical therapy 3 times a week for 8 weeks for the left ankle.

MTUS Post-Surgical guidelines recommend 21 visits of post-surgical physical therapy over 16 weeks for ankle fractures. The medical records reviewed indicate the employee has completed a total of 24 physical therapy visits and has returned to full weight-bearing. The request for an additional 18 physical therapy visits exceeds guideline recommendations and there is no documentation to support medical necessity or clinical efficacy of continued therapy. The request for continued physical therapy 3 times a week for 8 weeks for the left ankle **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/lkh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.