MAXIMUS Federal Services

Case Number:	CM13-0014174		
Date Assigned:	09/27/2013	Date of Injury:	01/03/2013
Decision Date:	02/12/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of January 3, 2013. A utilization review determination dated August 8, 2013 recommends, non-certification for 12 physical therapy sessions. The utilization review report states, "records indicate the patient has received 27 physical therapy sessions to date. Guidelines support up to 21 for this patient's condition. The doctors 1st report of injury dated January 3, 2013 indicates that the patient twisted her left ankle with complaints of left ankle pain. The patient was diagnosed with bimalleolar fracture of the left ankle. The diagnosis is confirmed by imaging studies. A progress report dated August 15, 2013 indicates that the patient was approved for a bone stimulator and 4 additional physical therapy visits. Physical examination indicates that her incision is healing well with good dorsiflexion, plantar flexion to 30Â°, and full sub talar motion. Treatment plan indicates that she is still having a lot of pain and therefore deep tissue massage is being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for 12 physical therapy sessions for the left ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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) Section on 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 no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it appears the patient has already been authorized for 4 physical therapy sessions. It seems reasonable to await the outcome of those sessions, and then document any objective functional improvement and remaining treatment goals, prior to requesting additional physical therapy. In light of the above issues,, the current request for additional physical therapy is not medically necessary.