

Case Number:	CM13-0019083		
Date Assigned:	10/11/2013	Date of Injury:	04/29/2011
Decision Date:	01/24/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/04/2013

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 Internal Medicine has a subspecialty in Pulmonary Disease 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:

The patient is a 62-year-old female who reported an injury on 04/29/2011 when she was performing her usual and customary duties as a janitor when her left ankle got caught in a cart, causing her to twist the ankle and fall. The patient was initially treated conservatively; however, the conservative measures did not provide adequate relief. The patient eventually underwent surgical interventions in 03/2013. The surgical procedure involved subtalar fusion, and the patient was casted and then afterwards began her postoperative therapy which included 9 sessions of physical therapy. Due to ongoing discomfort in the patient's left foot due to painful flat foot deformity, fixed, with gastrocnemius contracture, as well as right knee early osteoarthritis, the patient underwent a left triple arthrodesis, a left gastrocnemius resection, and a right knee steroid injection. This procedure was performed on 03/12/2013, with postoperative radiographs performed on 05/09/2013 which revealed status post attempted triple hindfoot arthrodesis with residual joint space identified particularly at the calcaneal cuboid joint. The patient received ongoing treatment on a regular basis for follow-ups of her post procedure, to include physical therapy at a total of 6 sessions from August 26 through at least September 11. The patient is now requesting physical therapy 2 to 3 times a week for 6 weeks for the right knee and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) to three (3) times a week for six (6) weeks for the right knee-ankle:
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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: According to California MTUS Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As noted in the documentation, the patient has already received physical therapy for the right knee from August 26 through September 11. Under California MTUS Guidelines, a patient is allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The patient has already undergone physical therapy for the left ankle, which is the location of the previous procedure. The patient was also given physical therapy throughout those same dates for her right knee. Surgical procedures were not performed on either of these 2 areas. Therefore, the request for an additional 12 to 18 physical therapy sessions exceeds maximum allowance per California MTUS Guidelines for physical therapy. Furthermore, the documentation is insufficient in providing evidence of positive functional gains in regards to the previous physical therapy completed by the patient. As such, the requested service does not meet guideline criteria for additional physical therapy at this time.