

Case Number:	CM13-0019898		
Date Assigned:	10/11/2013	Date of Injury:	07/25/2012
Decision Date:	01/27/2014	UR Denial Date:	08/13/2013
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 Emergency Medicine, and is licensed to practice in New York. 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 forty seven year old male who was injured when he was descending a ladder from scaffolding, falling backwards and landing on his feet. He sustained a fractured calcaneus and lumbar strain. The date of injury was July 25, 2013. The patient continued to complain of right foot pain and swelling. He was treated with open reduction of the calcaneus, subtalar fusion of the right ankle performed on January 4, 2013, medications, and physical therapy. Request for 12 additional visits of physical therapy was submitted on July 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. The postsurgical guidelines recommend a maximum of

twenty one post-operative physical therapy visits. The patient had already been treated with thirty post-operative physical therapy visits. There is documentation of functional improvement. However, he had exceeded the maximum approved amount. Therefore, the additional twelve sessions are not recommended.