

Case Number:	CM13-0024717		
Date Assigned:	11/20/2013	Date of Injury:	01/16/2013
Decision Date:	01/15/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Preventative Medicine and 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; prior ankle Open reduction with internal fixation (ORIF) surgery on January 31, 2013; attorney representation; transfer of care to and from various providers in various specialties; initial immobilization with a CAM Walker and 12 to 18 sessions of physical therapy over the life of the claim; and reported return to modified duty work. In a utilization review report of September 3, 2013, the claims administrator partially certified the request for 12 sessions of physical therapy as six sessions of physical therapy, citing the MTUS Postsurgical Treatment Guidelines, the Chronic Pain Guidelines, and the non-MTUS OGD Physical Therapy Guidelines. The applicant's attorney subsequently appealed, on September 10, 2013. A later note of October 10, 2013 is notable for comments that the applicant has returned to work in a modified capacity. The applicant is on oxycodone for pain relief. He reports left ankle pain with limited range of motion and apparently exhibits marked atrophy of the left calf. The applicant has a nondisplaced, nonunion of the medial malleolus noted on x-ray imaging. The applicant is asked to continue with physical therapy to increase both his range of motion strength and to try and improve his calf atrophy. Work restrictions are again endorsed. An earlier note of October 3, 2013 is notable for comments that the applicant tripped over a concrete parking barrier and sprained his left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 3 times a week for 4 weeks, left ankle QTY. 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 8/19/13) Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines and the Medical Treatment Utilization Schedule-Definitions 1-Functi, Postsurgical Treatment Guidelines.

Decision rationale: As of the date of the utilization review report of September 3, 2013, the applicant was already outside the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 for ankle fractures. Thus, the MTUS Chronic Pain Medical Treatment Guidelines were applicable. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9 to 10 sessions of treatment is recommended for myalgias and/or myositis of various body parts. While certification of this request does represent extension of treatment slightly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, in this case, the applicant does seemingly have marked deficits which do warrant additional treatment slightly in excess of the guideline. The applicant has calf atrophy, limited range of motion, and limited strength noted about the injured left ankle status post prior surgical repair. He has made some strides in functional improvement to date as evinced by his already successful return to modified duty work. Since partial certifications are not possible through the IMR process, the original request is certified as written, as on balance, it appears that the applicant has both demonstrated functional improvement with prior therapy and does have residual deficits which do warrant additional therapy slightly in excess of the guideline. For all of these reasons, then, the original utilization review decision is overturned. The request is certified.