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| Case Number: | CM13-0025469 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 07/09/2012 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 08/21/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 69 year old with an injury date on 7/9/12. Based on the 8/7/13 progress report provided by [REDACTED] the diagnosis is left ankle lateral fibula fracture and ORIF contracture. Exam on 5/23/13 showed "no deformity, atrophy, echhymosis, or swelling. Well-healed incision. No evidence of crepitus, effusion, tenderness in the ankle. Neurosensory intact. Strength at 5/5 in all groups tested. Gait affected by left ankle stiffness. Examination of rest of musculature showed normal signs." The 2/14/13 report showed patient completed 8 physical therapy sessions. Treating physician included documentation of 18 physical therapy visits from 5/31/13 to 8/2/13. [REDACTED] is requesting additional physical therapy left ankle, 3 times a week for 4 weeks. The utilization review determination being challenged is dated 8/21/13 and modifies request to 6 sessions, citing lack of documentation of functional improvement. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/13 to 8/7/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, LEFT ANKLE, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The guidelines state for a fracture of ankle post-surgical treatments, 21 sessions over 16 weeks are recommended with post-operative time-frame of 6 months. The patient has already received 26 sessions of physical therapy and is beyond 6 month post-operative time-frame. The patient has shown functional improvement with current therapy but the requested additional therapy far exceeds what is allowed by MTUS. The treating physician does not explain why the patient is not able to transition into a home exercise program. The request is not medically necessary or appropriate.