

Case Number:	CM13-0034582		
Date Assigned:	12/11/2013	Date of Injury:	06/01/2010
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 an ankle fracture with subsequent development of posttraumatic arthritis reportedly associated with an industrial injury of June 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior ankle ORIF surgery; subsequent removal of hardware; and work restrictions. It is unclear whether the applicant's limitations have been accommodated or not, however. In a Utilization Review Report of September 30, 2013, the claims administrator denied a request for physical therapy but did certify purchase of outpatient DME for home exercise purposes. The claims administrator cited a lack of functional improvement with prior physical therapy. The claims administrator suggested that the applicant had had 24 sessions of prior therapy to the ankle and foot. The applicant's attorney later appealed. An earlier progress report of December 19, 2013 is notable for comments that the applicant continues to have left ankle pain. She is using orthotics. She is doing home exercises. She would like to obtain equipment for her shoulder. She is given a diagnosis of traumatic arthritis of the left ankle status post ORIF surgery about the same. She is asked to pursue current treatment, follow up as needed, and continue permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for three (3) weeks for the right shoulder and left ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: Per the claims administrator, the applicant has already had prior treatment for the ankle (24 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The attending provider appears to be requesting several passive modalities. However, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does make it clear that active modalities are preferable during the chronic pain phase of an injury. In this case, the applicant is, indeed, in the chronic pain phase of an injury. However, as suggested by the claims administrator, she has seemingly plateaued with prior treatment. She has failed to exhibit any evidence of ongoing functional improvement as defined in section 9792.20f. At this point in time, her physical impairment is fixed. Her work status and permanent work restrictions are likewise fixed and immutable. She has seemingly failed to return to work and remains reliant on various medications and other treatments such as orthotics. Further physical therapy is unlikely to be of benefit as the applicant has seemingly plateaued in terms of the functional improvement measures established in MTUS 9792.20f. For all of these reasons, the request is not certified.