

Case Number:	CM13-0040124		
Date Assigned:	12/20/2013	Date of Injury:	11/14/2012
Decision Date:	02/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He 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 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 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:

This is a female patient with a date of injury of November 14, 2012. A utilization review determination dated October 1, 2013 recommends modified certification of the requested 12 additional physical therapy sessions, to recommend 6 sessions of post operative therapy. A utilization review determination dated October 3, 2013 states that 6 visits of postoperative therapy are determined to be medically necessary. A progress report dated November 18, 2013 indicates that the patient suffered a fall while working at [REDACTED] descending a ladder carrying a 40 to 50 pound refrigerator. The patient underwent surgery for internal fixation on November 15, 2012, and underwent subsequent physical therapy. She returned to her normal work on July 15, 2013 but then began developing transient symptoms. She presents for evaluation for removal of retained hardware of her right ankle. Physical examination identifies a well-healed scar over the lateral malleolus with localized tenderness to palpation and prominent palpable hardware laterally. The range of motion in the ankle includes dorsiflexion to 15[°], plantar flexion to 50[°], supination to 15[°] comment pronation to 10[°]. There are no neurologic deficits. Informed consent was obtained, and the patient underwent subsequent removal of hardware on November 18, 2013. A progress report dated January 18, 2014 indicates that the patient is still using a cam Walker with intermittent ache in her ankle. The wound appears clean and dry. The treating physician recommends physical therapy for range of motion and Strengthening for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 visits for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Postsurgical Treatment Guidelines Page(s): 5-6.

Decision rationale: Regarding the request for post operative physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Post Surgical Achievement Guidelines do not contain criteria for the use of postoperative physical therapy following hardware removal. ODG guidelines recommend 34 visits over 16 weeks for the postsurgical treatment of ankle and foot sprains and 21 visits over 16 weeks for ankle fractures. Guidelines generally recommend that an initial course of therapy include 50% of the maximum recommended number. Of note, the previous utilization review recommendation was for certification of 6 postoperative physical therapy visits. Within the documentation available for review, it is apparent that the patient has recently undergone a surgical removal of hardware following ankle fracture. The currently requested 6 visits, therefore seem to meet the criteria for an adequate post surgical trial of physical therapy following explantation of surgical hardware following ankle fracture. As such, the currently requested 6 visits of post-surgical physical therapy are medically necessary.