

Case Number:	CM13-0043772		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2013
Decision Date:	02/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation 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:

This 58 year-old female sustained a right ankle fracture injury when she tripped in a pothole on 5/29/13. Request under consideration include additional physical therapy for the right ankle 2X6. Report of 9/22/13 from [REDACTED] for [REDACTED] noted the patient returns s/p right ankle distal fibular fracture. X-rays do reveal good consolidation and healing of fracture; It is not 100% healed. She is to continue with physical therapy and will be seen for reassessment in 6 weeks. She remains TTD status. Treatment included cam boot and physical therapy x 12. There is a report dated 7/2/13 from [REDACTED] noting the patient doing better. Clinical exam noted she does not have much pain to palpation; X-ray of the ankle noted the fracture is 90% healed. Treatment included walking without CAM walker boot and to start physical therapy for range of motion and strengthening. Above request for PT was non-certified on 10/10/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right ankle (12 sessions): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions the patient has received. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The employee has received enough therapy sessions recommended per the Guidelines to have transitioned to an independent home exercise program. The additional physical therapy for the right ankle is not medically necessary and appropriate.