MAXIMUS Federal Services

Case Number:	CM13-0067592		
Date Assigned:	01/03/2014	Date of Injury:	08/26/2013
Decision Date:	05/23/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 & 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 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 injured worker is a 33-year-old male who reported injury on 08/26/2013. The mechanism of injury was the injured worker slipped while stepping onto a curb, twisted his knee and fell. The injured worker underwent and open reduction and internal fixation of the left lateral tibial plateau on 09/09/2013. The diagnosis was fracture tibia, NOS, closed. The documentation of 11/22/2013 revealed the injured worker indicated his leg was doing worse because of left pain and numbness that had been increasing and the injured worker was concerned about a purplish color that had been developing slowly over the last several weeks. The injured worker's pain in the knee was sharp, throbbing, moderate, occasional, and worse with activity. It was indicated the injured worker was going to physical therapy for the knee, but they were not including therapy of the ankle as the injured worker indicated they were told it was not part of the injury. The physical examination of the ankle revealed the injured worker was walking with crutches. The ankle had a purplish discoloration which was significantly darker in color than the right foot. The injured worker had pain to palpation globally around the left foot and ankle. The injured worker had a negative Homans test. The injured worker was able to flex and extend all the toes on the left foot as well as the ankle with no pain on passive or active flexion/extension of the toes. The range of motion was normal. The sensory examination revealed the injured worker had diminished sensation in a glove and stocking distribution on both feet, worse on the left foot. The strength was 5/5. The deep tendon reflexes were 2+. The impression was status post open reduction and internal fixation of the left lateral tibial plateau fracture, likely development of posttraumatic reflex sympathetic dystrophy in the left lower extremity involving mainly the foot and ankle, and pre-existing diminished vascular perfusion of both lower extremities. The plan included a neurologist specializing in reflex sympathetic dystrophy for evaluation and treatment and physical therapy 3 times a week for the next 3 weeks including the foot and ankle as a part of

the injury. An additional request was made for vascular studies of both lower extremities to determine perfusion and gradient differences or asymmetry.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 PHYSICAL THERAPY VISIT FOR THE LEFT FOOT AND ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT, FRACTURE OF TIBIA AND FIBULA, 12

Decision rationale: The California MTUS Guidelines recommend postsurgical treatment for an ORIF of the tibia to be 30 treatments postoperatively. The clinical documentation submitted for review indicated the injured worker had surgery in September of 2013. There was lack of documentation indicating the quantity of sessions the injured worker had participated in and the injured worker's objective functional benefit that was received from prior therapy. There was lack of documentation of objective functional deficits to support the necessity for ongoing therapy. Given the above and the lack of documentation, the request for 9 physical therapy visits for the left foot and ankle is not medically necessary.