

Case Number:	CM13-0070755		
Date Assigned:	01/08/2014	Date of Injury:	03/25/2013
Decision Date:	04/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice has a subspecialty in Pain Management 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 claimant is a 44 yr. old injured worker who sustained a work-related injury on March 25, 2013, resulting in chronic right ankle pain. He had an MRI performed on May 13, 2013, revealing a non-displaced Talar fracture. He was treated in a boot for 10 weeks and then went to eight sessions of physical therapy. Examination report on October 11, 2013 noted that he continued to have pain with standing and walking. Objective findings included tenderness to palpation over the sinus tarsi as well as tenderness to plantar flexion and in version of the right foot and ankle. Additional physiotherapy was recommended for two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot: Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Physical Medicine Page(s): 58-59.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regarding manual therapy and manipulation, and physical medicine, "Recommended for chronic pain if

caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities... Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process...Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices... Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." According to the guidelines above, continued physical therapy is not medically necessary Based on the medical records provided for review an extended amount of prior physical therapy has been performed well beyond the recommended number of visits. The request for twelve additional physical therapy sessions is not medically necessary and appropriate.