MAXIMUS Federal Services

Case Number:	CM13-0071998		
Date Assigned:	01/08/2014	Date of Injury:	03/31/2009
Decision Date:	04/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of March 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; prior ankle arthrotomy, synovectomy, and debridement surgery of November 30, 2012; transfer of care to and from various providers in various specialties; and work restrictions. It is not clear that the applicant has returned to work to date. In a Utilization Review report of December 18, 2013, the claims administrator partially certified a request for 12 sessions of physical therapy as a total of six sessions of physical therapy. The applicant's attorney subsequently appealed. In an October 17, 2013 progress note, the attending provider notes that the applicant continues to make slow and steady progress. The applicant is using a running machine. It is stated that the applicant's physical therapy is stopped. It is stated that the applicant is eager to return to work and states that physical therapy provided him much pain relief. A well-healed ankle incision line is noted with limited range of motion appreciated. The applicant is status post ankle surgery on November 30, 2012. A rather proscriptive limitation of no standing and walking more than 20 minutes per hour is endorsed while the applicant is asked to pursue additional physical therapy. In an earlier note of July 11, 2013, it was noted that the applicant is placed off of work, on total temporary disability. It does not appear that the applicant is working with a subsequent limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy to the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic 9792.20f Page(s): 8, 98-99.

Decision rationale: The 12-session course of treatment would, in and of itself, represent treatment in excess of the 9- to 10-session course recommend on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines recommend tapering or fading the frequency of treatment over time and further emphasize self-directed home physical medicine. In this case, it is not clear why the applicant is unable to transition to a home exercise program if he is able to run on some sort of anti-gravity machine. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the information on file does not clearly establish the presence of functional improvement as defined by the parameters in MTUS 9792.20f despite completion of prior unspecified amounts of physical therapy. The applicant does not appear to have returned to work. Rather proscriptive standing and walking limitations remain in place. Continuing physical therapy is not indicated, for all these stated reasons. Therefore, the request is not certified, on Independent Medical Review.