

Case Number:	CM14-0002810		
Date Assigned:	02/05/2014	Date of Injury:	07/14/2013
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 and 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 61-year-old female who reported an injury on 07/14/2013. The mechanism of injury was not stated. Current diagnoses include status post comminuted intra-articular fracture of the left distal tibia and fibula, status post removal of an external fixator in the left ankle, and equinovarus positioning. The injured worker was evaluated on 10/21/2013. The injured worker was actively participating in physical therapy. Physical examination revealed sensitivity along the incision site with numbness in the medial and lateral ankle incision region, a considerable reduction in edema, and improved range of motion. Treatment recommendations at that time included ongoing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE LEFT ANKLE:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. There is also no documentation of the previous course of physical therapy, with evidence of objective functional improvement. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.