MAXIMUS Federal Services

Case Number:	CM14-0006273		
Date Assigned:	03/03/2014	Date of Injury:	09/15/2004
Decision Date:	07/21/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 patient is a 51-year-old female who has submitted a claim for right ankle villonodular synovitis, traumatic arthropathy, and right ankle pain with an industrial injury date of 09/15/2004. Medical records from 09/10/2012 to 12/26/2013 were reviewed and showed that patient complained of intermittent, deep pain graded 2-3/10 over the right ankle that is relieved with rest. Physical examination revealed decreased right ankle ROM with inversion, eversion and dorsiflexion. Right ankle strength was graded 3/5. Treatment to date has included 26 completed visits of PT post-surgery, home exercise program, right foot sinus tarsi content removal, synovectomy (10/4/12) , fiberglass splint cast, and bupropion SR 150mg twice a day. Utilization review, dated 12/30/2013, denied the request for eight additional visits of physical therapy for the right ankle because the patient had significant (26) visits of PT and non-specific progress. Official Disability Guidelines (ODG) recommends 24 post-surgical visits of PT for crushing injury of ankle/foot. The documents noted that the patient exceeded the recommended PT visits based on ODG Guidelines with necessity for further PT not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PT VISITS FOR THE RIGHT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Arthritis (Arthropathy, unspecified).

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Moreover, physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommends 24 visits over 10 weeks for post-surgical arthropathies. In this case, the patient has completed 26 visits of physical therapy. Objective findings reveal that there was persistence of pain and decreased right ankle ROM despite exceeding the CA MTUS Guidelines recommendation of PT visits. CA MTUS Guidelines clearly state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient has sufficient knowledge to carry out independent home exercise program to achieve improvement and relief. Therefore, the request for eight (8) additional visits of physical therapy for the right ankle is not medically necessary.