

Case Number:	CM14-0007468		
Date Assigned:	02/07/2014	Date of Injury:	10/02/2012
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/16/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 39-year-old male who reported an injury on 10/02/2012 secondary to a fall. The clinical note dated 01/16/2014 reported the injured worker complained of left ankle pain rated 8/10 radiating to the left foot with increasing pain due to the cold weather. The injured worker reportedly denied side effects of his medications. The physical examination of the left ankle revealed tenderness with limited range of motion. The diagnoses included ankle fracture and status post left ankle surgery. The treatment plan included recommendations for refills of medications, continued home exercise program, and physical therapy 3 times a week times 2 weeks for the left ankle. The injured worker's previous treatments included medications to include Naproxen, Omeprazole and Mentherm gel, a left tibial open reduction and internal fixation on 10/23/2012 and left ankle debridement on 11/23/2012 as well as 12 physical therapy sessions. The injured worker underwent an MRI of the left ankle dated 12/02/2013 which reportedly revealed findings consistent with a chronic anterior talofibular ligament sprain injury, artifact related to internal fixation hardware in the distal tibia, and no evidence of subtalar or transverse tarsal arthrosis and no high grade tendinopathy. The Request for Authorization for physical therapy 3 times a week times 2 weeks for the left ankle was not submitted for review to include the date the treatment was requested. In addition, a rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK TIMES 2 WEEKS FOR THE LEFT ANKLE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guide.

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

Decision rationale: The request for physical therapy 3 times a week times 2 weeks for the left ankle is not medically necessary. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. Guidelines also state injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker has a history of left ankle fracture treated with surgery, physical therapy, a home exercise program, a TENS unit trial, and medications. Within the clinical information submitted for review there was a lack of documentation to provide details regarding the injured worker's previous physical therapy treatment, including the number of physical therapy visits completed and objective functional gains made. In addition, the most current clinical information, failed to provide evidence indicating the injured worker has significant functional deficits to demonstrate the need for continued therapy. In the absence of details regarding previous treatment and evidence of current functional deficits this request is not supported. Therefore, the request for physical therapy 3 times a week times 2 weeks for the left ankle is not medically necessary.