

Case Number:	CM14-0007527		
Date Assigned:	06/11/2014	Date of Injury:	02/13/2013
Decision Date:	07/28/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/21/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 37-year-old with a date of injury on February 13, 2013. The patient has been treated for a left heel fracture, and is status post left calcaneus open reduction and internal fixation on March 4, 2013. Subjective findings are of persistent left heel pain and limited range of motion in the left foot. Physical exam shows tenderness over the left lateral calcaneus and inversion/eversion limited to 5 degrees. Following surgery, the patient had six to eight sessions of physical therapy, and 5 more treatments between December 10 and 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional sessions of physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14.

Decision rationale: The Postsurgical Treatment Guidelines states that the recommended treatment period is 21 weeks following surgery for fractures of the foot and ankle. The recommended amount of sessions is up to 21. For this patient, the requested physical therapy exceeds the recommended treatment period, but not the amount of sessions. The patient has received approximately thirteen sessions previously. Documentation is submitted that indicates

that physical therapy was helpful with increasing pain tolerance and range of motion. Rationale for further therapy is to help increase ankle strength and range of motion. The physical therapy sessions do not exceed guideline recommendations, and a clear deficit is noted that may respond to formal therapy. The request for eight additional sessions of physical therapy is medically necessary and appropriate.