

Case Number:	CM14-0007634		
Date Assigned:	02/10/2014	Date of Injury:	12/17/2009
Decision Date:	10/01/2014	UR Denial Date:	01/17/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 12/17/09 when, while reading a gas meter, she slipped on wet leaves and fell, fracturing her left tibia and fibula and rupturing her left posterior tibial tendon. Treatments included physical therapy, orthotics, and medications. She subsequently underwent multiple ankle surgeries. She has not returned to work. After her first surgery she had physical therapy for approximately 3 months. The second surgery was done for removal of hardware followed by additional physical therapy. She was seen by an of the another orthopedist and two more surgeries were performed with the last done in April 2011 also followed by postoperative physical therapy. She was seen by the requesting provider on 12/12/13 with ongoing pain. Prior treatments had included medications, physical therapy, and injections. She was noted to be in mild to moderate discomfort and pain behavior was noted. Physical examination findings included decreased ankle range of motion with diffuse tenderness and decreased sensation. She had an asymmetric gait favoring the left lower extremity. Cymbalta, Lidoderm, ibuprofen, Tylenol, Lomotil, promethazine, tramadol, and compounded cream were prescribed. She was referred for physical therapy. She was evaluated for physical therapy on 01/29/14. She was noted to be in mild to moderate distress. She had poor posture. There was an antalgic gait with decreased right lateral ankle range of motion and decreased strength with mild edema. She had an unsteady gait limited due to ankle pain. A course of therapy was planned with therapeutic content to include review of prior exercises and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

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

Decision rationale: The claimant is nearly 5 years status post work-related injury with treatments including 4 ankle surgeries and continues to be treated for chronic left ankle pain. She has undergone numerous course of physical therapy including after the last surgery in April 2011. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a balance board (BAPS) for strengthening, range of motion, and balance. The claimant has no other identified impairment that would preclude her from performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The requested addition physical therapy was not medically necessary.