

Case Number:	CM14-0010638		
Date Assigned:	02/21/2014	Date of Injury:	11/21/2003
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of November 21, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; ankle surgery; and 46 cumulative sessions of physical therapy to date, per the claims administrator. In a Utilization Review Report dated January 14, 2014, the claims administrator denied a request for 12 additional sessions of physical therapy, citing the postsurgical treatment guidelines in MTUS 9792.24.3. The applicant's attorney subsequently appealed. A February 20, 2014 progress note is notable for comments that the applicant had chronic ankle pain issues. The applicant had limited range of motion about the ankle. The applicant was reported permanent and stationary. A pair of custom orthotics was endorsed. The applicant's permanent work restrictions were renewed. On January 14, 2014, the applicant was again described as already permanent and stationary, with only mild ankle edema noted. The applicant did have pain with protracted standing and walking. Permanent work restrictions were again endorsed. In a permanent and stationary report dated October 23, 2013, the applicant was described as having undergone earlier ankle surgery on April 18, 2013 and was given permanent work restrictions and 13% whole person impairment rating. Multiple earlier notes interspersed throughout 2013 were notable for comments that the applicant was off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99; 8.

Decision rationale: The applicant had had prior treatment (48 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. The applicant has seemingly reached a plateau with earlier treatment. There was no clear demonstration or documentation of functional improvement as defined in MTUS 9792.20f which would support further treatment in excess of guideline parameters. The applicant was not working. Permanent work restrictions were seemingly in place, unchanged, from visit to visit. No clear goals for further treatment were outlined. All the information on file seemingly suggested that the applicant had plateaued with the earlier treatment in terms of the functional improvement measures defined in MTUS 9792.20f. Therefore, the request for 12 additional sessions of Physical Therapy is not medically necessary.