

Case Number:	CM14-0010834		
Date Assigned:	02/21/2014	Date of Injury:	04/15/2013
Decision Date:	07/15/2014	UR Denial Date:	01/09/2014
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 Physical Medicine & Rehabilitation 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:

This is a 63-year-old male patient with an April 15, 2013 date of injury. The mechanism of injury was not provided. A July 12, 2013 progress report indicated that the patient complained of post-operative slight pain in his right foot. Objective findings revealed soft tissue swelling, and limited range of motion less than 50 %. He was diagnosed with a closed tri-malleolar fracture, dislocation of distal end of tibia, and ankle deltoid ligament sprain. A January 24, 2014 progress report indicated that the patient's complains was the same. Objective findings demonstrated increase range of motion to 75 % since September of 2013. He has completed 36 physical therapy visits. It was noted that the patient returned to work on October 22, 2013 with no restrictions. The treatment included medication management and physical therapy. There is documentation of a previous January 9, 2014 adverse determination, based on the fact that the provider agreed that physical therapy for ankle fracture has been adequate and no further physical therapy would not be indicated unless additional surgery was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 FOR THE RIGHT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, there was a documentation to support that the patient completed 36 visits of postoperative physical therapy, with functional gains. It was noted that that patient returned to the work with no restriction. In addition, the California MTUS supported a follow-up course of treatment consisting of another 4-12 visits over a 2-4 week period. The number of proposed visits in addition to the number of visits already completed would exceed guideline recommendations. Therefore, the request for physical therapy 3x4 for the right ankle was not medically necessary.