

Case Number:	CM14-0016566		
Date Assigned:	04/11/2014	Date of Injury:	10/25/2011
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Interventional Spine 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 patient is a 34 year old with an injury date on 10/25/11. Based on the 1/22/14 progress report provided by [REDACTED], the patient's diagnoses include unspecified closed fracture of right ankle, right ankle sprain, ligament tear of right ankle, left ankle sprain and pain, lumbar sprain, and low pain back. The patient had ankle fracture surgery on 6/25/12. MRI of lumbar spine dated 10/9/13 revealed straightening of lumbar lordotic curvature and small sacral meningeal cysts. Right ankle MRI dated 10/10/13 revealed sprain of deltoid ligament complex, partial tear of anterior talofibular ligament and posterior talofibular ligament. The 12/11/13 also reports 8 sessions of physical therapy. The report on 12/14/13 revealed orthopedic surgeon's uncertainty regarding necessity for revision surgery on right ankle, and recommendation for foot and ankle consultation. [REDACTED] is requesting physical therapy 3 times a week for 4 weeks, and consultation with ankle and foot specialist for the ankle pain. The utilization review and determination being challenged is dated 1/29/14 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 6/5/13 to 1/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 86, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with constant pain in right ankle and foot, intermittent pain in the bilateral mid back and upper lumbar. The request is for physical therapy 3 times a week for 4 weeks. This request was denied by utilization review on 1/20/14 with the rationale that there was lack of documentation for objective improvement. Review of the 1/22/14 report show the patient was unable to receive physical therapy until 9 months after ankle surgery. The report dated 3/22/13 shows patient was receiving physical therapy 3 times a week according to [REDACTED]. Examination of the 11/27/13 report revealed patient had received 8 sessions of physical therapy according to [REDACTED]. On 1/22/14, the patient was still receiving physical therapy 3 times a week according to [REDACTED]. The patient was receiving therapy continuously from 3/22/13 to 1/22/14 and has shown only temporary relief and minimal improvement. For continued physical therapy beyond post-operative timeframe, California MTUS guidelines require documentation of "functional improvement" defined by Labor code 9792.20(e) as significant improvement of activities of daily living or improvement in work status, and decreased dependence of medical treatments. The provider does not provide any documentation that such functional improvements have been achieved with prior therapy. Recommendation is for denial.

CONSULT WITH ANKLE AND FOOT SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, , 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 127

Decision rationale: The patient presents with constant pain in right ankle and foot, intermittent pain in the bilateral mid back and upper lumbar. The request is for consultation with ankle and foot specialist. ACOEM guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists when the plan of care may benefit from additional expertise. Referral to a specialist appears reasonable given the patient's persistent symptoms. Recommendation is for authorization.