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| Case Number: | CM14-0016971 | | |
| Date Assigned: | 03/07/2014 | Date of Injury: | 06/02/2013 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 01/24/2014 |
| 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 Pain Management 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 patient with a date of injury of 6/2/13. A utilization review determination dated 1/24/14 recommends non-certification of 12 additional post-op PT sessions for the right ankle as the patient was noted to be over 7 months s/p ORIF of a tibial plafond fracture and 40 sessions of PT had been authorized to date. 1/7/14 medical report identifies mild intermittent right ankle pain after walking for 15-20 minutes. On exam, there is some mild diffuse swelling of the right foot and ankle with diffuse tenderness and restricted ROM. Posterior calf muscle atrophy is noted. Treatment plan includes continuation of PT that has been approved as scheduled. 1/3/14 orthopedic supplemental report notes that the patient's ankle is unlikely to return to "normal" without pain or stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL POST-OP PHYSICAL THERAPY (2X6) 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 Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for 12 additional post-op physical therapy (2x6) for the right ankle, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy, as the orthopedic specialist notes that the patient's ankle is unlikely to improve to the point of no pain or stiffness. Furthermore, the California MTUS supports only up to 10 PT sessions for this chronic injury. In light of the above issues, the currently requested 12 additional post-op physical therapy (2x6) for the right ankle is not medically necessary.