

Case Number:	CM14-0121901		
Date Assigned:	08/06/2014	Date of Injury:	09/09/2012
Decision Date:	12/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 65-year-old gentleman with a date of injury of 09/09/2012. A report dated 03/18/2014 identified the mechanism of injury as repetitive trauma to the left foot and ankle. Treating physician notes dated 03/18/2014, 07/14/2014, and 07/28/2011 indicated the worker was experiencing pain in the back of the left ankle and left ankle stiffness. The symptoms were treated with surgery and with physical therapy. Documented examinations described improved joint motion and strength but with some continued joint stiffness and no pain with joint movement. The submitted and reviewed documentation concluded the worker was suffering from Achilles bursitis tendonitis and ankle exostosis. Treatment recommendations included a home exercise program, a night splint for stretching the tendon at night, and a work hardening physical therapy program. A Utilization Review decision was rendered on 07/25/2014 recommending non-certification for twelve work hardening physical therapy sessions for the bilateral ankles twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 work hardening physical therapy sessions for the bilateral ankles 2 times a week for 6 weeks (2x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Work Conditioning/Work Hardening Page(s): 98-99, 125-126.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. The Guidelines also support the use of work hardening programs for appropriate workers. Some criteria include the worker's position has a medium or higher demand level, the injury occurred within the last two years, physical therapy resulted in improvement followed by a plateau without an expectation of additional benefit, the worker is healthy and vigorous enough to complete the program within four weeks and to participate in at least four hours of treatment three to five days per week, and the employer and worker have a specifically defined goal of returning to work. The submitted records indicated the worker was experiencing pain in the back of the left ankle and left ankle stiffness. The symptoms were treated with surgery followed by eight sessions of physical therapy. The physical therapy report dated 07/10/2014 reported the worker had moderate improvement in pain intensity, function, and strength and was expected to benefit from additional therapy; there was no suggestion of a recovery plateau. There was no assessment documenting the worker's ability to participate in a program at the required intensity or special circumstances that supported completing the program over two weeks longer than that recommended by the Guidelines. While these records suggested the worker's position had at least a moderate demand level, there was no mention of the worker and employer having an established specifically defined goal of returning to work. In the absence of such evidence, the current request for twelve work hardening physical therapy sessions for both ankles twice a week for six weeks is not medically necessary.