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| Case Number: | CM14-0138480 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 08/30/2000 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Orthopedic Surgery 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 claimant is a 57-year-old gentleman who injured his left foot and ankle on August 30, 2000. The medical records provided for review document that since the time of injury the claimant has undergone multiple prior surgical processes including a left ankle fusion of the subtalar joint. Following a course of postoperative care the claimant ultimately underwent additional surgery including hardware removal on May 8, 2014. The clinical assessment dated July 9, 2014, reveals he has attended six recent sessions of physical therapy and still notes persistent swelling, stiffness and limited use. The claimant uses medications to include methadone and topical compounds as well as a custom orthotic. This review is for the request for further physical therapy of six additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional physical therapy sessions: 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: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the request for six additional physical therapy sessions cannot be

recommended as medically necessary. The medical records document that the claimant underwent a recent hardware removal procedure four months ago, but there is no documentation of physical examination findings that would support the need for further physical therapy. It is documented the claimant has already undergone a significant course of physical therapy with six recent therapy sessions as of July 9, 2014. The specific request for six additional sessions of physical therapy would exceed the Chronic Pain Guidelines that recommend nine to ten sessions for the diagnosis of myalgia and myositis. The request for six additional therapy sessions exceeds the recommended treatment when you take into consideration the recent six sessions already obtained by the claimant and the lack of objective findings on examination to support the need for additional therapy.