MAXIMUS Federal Services

Case Number:	CM14-0157091		
Date Assigned:	09/30/2014	Date of Injury:	10/20/2012
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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:

According to the records made available for review, this is a 44-year-old male with a 10/20/12 date of injury. At the time (8/22/14) of request for authorization for Physical therapy for the left ankle - 6 visits, there is documentation of subjective (left ankle pain) and objective (tenderness over distal to the medial malleolus and positive tinel's sign) findings, current diagnoses (partial rupture of the posterior tibial tendon, impairment of the posterior tibial nerve, and subluxation of ankle), and treatment to date (6 sessions of physical therapy treatments and medications). Medical report identifies a request for additional physical therapy; and that physical therapy has reduced pain to a more tolerable level but is still necessary due to persistent pain on the surgical site. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left ankle - 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG); Ankle & Foot, Physical Therapy (PT), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of ankle/foot sprain not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of partial rupture of the posterior tibial tendon, impairment of the posterior tibial nerve, and subluxation of ankle. In addition, there is documentation of at least 6 sessions of physical therapy treatments completed to date, functional goals, and functional deficits. However, the requested 6 additional physical therapy treatments, in addition to the treatments already completed, would exceed guidelines. In addition, despite documentation that physical therapy has reduced pain to a more tolerable level; there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy for the left ankle - 6 visits is not medically necessary.