

Case Number:	CM14-0159768		
Date Assigned:	10/03/2014	Date of Injury:	07/11/2014
Decision Date:	11/01/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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 35-year-old female with a 7/11/14 date of injury. The injured worker injured her right ankle when she twisted it while going downstairs. According to a progress report dated 10/1/14, the injured worker stated that the right ankle is getting better. She stated that her right knee feels a lot better with the use of the right knee brace. Objective findings: mild swelling over the medial and lateral ankle, mild pain with passive range of motion of the ankle, strength 4+5 dorsiflexion, 5/5 plantar flexion, tender over the medial joint line of right knee. Diagnostic impression: right ankle bimalleolar ankle fracture, improving right knee MCL sprain, lumbago, right knee internal derangement. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/23/14 denied the request for 8 visits of physical therapy for the right ankle. As an initial trial of 6 visits had already been authorized, the request for 8 additional visits would be excessive according to the evidence-based guidelines for treatment duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 , right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014, Ankle & Foot Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy, 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Ankle Chapter - Physical Therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, according to the UR decision dated 9/23/14, the injured worker has already been authorized a trial of 6 physical therapy sessions. There is no documentation as to whether or not the injured worker has completed these sessions. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions, if completed. In addition, guidelines support up to 12 visits over 12 weeks for bimalleolar ankle fractures. An additional 8 sessions would exceed guideline recommendations. Therefore, the request for Physical therapy 2 x 4, right ankle is not medically necessary.