

Case Number:	CM14-0024028		
Date Assigned:	06/11/2014	Date of Injury:	09/28/2012
Decision Date:	07/28/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The injured worker is a 47-year-old male with a reported date of injury on 09/20/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left knee pain rated at 4/10, as well as left foot and bilateral ankle pain. Upon physical examination, the injured worker's left ankle range of motion revealed dorsiflexion to 20 degrees, plantar flexion to 30 degrees, inversion to 20 degrees, and eversion to 20 degrees. In addition, upon physical examination, the left foot revealed strength at 5/5. Sensory examination was revealed as normal. According to the clinical note dated 02/26/2014, the injured worker has returned to work and was working full duty. In addition, the injured worker indicated that his medications were helping. The ankle chart note dated 12/06/2013 revealed left dorsiflexion to 8, plantar flexion to 50, and left inversion to 40, and eversion to 5. The ankle chart note dated 01/31/2014 revealed left dorsiflexion are undetermined, left plantar flexion to 50, left inversion to 40, and left eversion to 30. The injured worker's diagnoses included left foot crush injury, left fibular fracture, left 5th toe dislocation, and left knee probable medial meniscus tearing. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for additional physical therapy 12 times for the left foot and ankle was submitted on 02/25/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWELVE TIMES FOR THE LEFT FOOT AND ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

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

Decision rationale: The California MTUS Guidelines recommend physical therapy as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort for the individual to complete specific exercise or task. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 8 to 10 visits over 4 weeks. The clinical documentation provided for review, indicates the injured worker previously participated in physical therapy with clinical findings of increased range of motion and functional ability. The guidelines recommend 8 to 10 visits over a 4 week period. In addition, the guidelines state that injured worker's are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request for an additional 12 sessions of physical therapy exceeds the recommended guidelines. Therefore, the request for additional physical therapy 12 times for the left foot and ankle is not medically necessary.