

Case Number:	CM14-0032287		
Date Assigned:	06/20/2014	Date of Injury:	07/17/2013
Decision Date:	08/05/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported an injury on 07/17/2013 when she fell the down stairs and twisted her ankle. On 09/04/2013, injured worker underwent an open reduction internal fixation. On 09/23/2013, the injured worker had completed an undocumented amount of physical therapy with no outcome of the measurements provided. On 02/17/2014, the injured worker was requesting to continue physical therapy on the left ankle. The objective findings of the left ankle included a short gait stance with decreased range of motion. Prior treatment included x-rays, a lace-up ankle support and previous physical therapy sessions. There was no documented evidence of prior physical therapy sessions or home exercise regimen indicated for the injured worker. There were no medications or VAS scale measurements noted for the injured worker. The diagnoses included closed bimalleolar fracture of the left ankle. The rationale was not provided for the ongoing request for physical therapy. The treatment plan included to continue physical therapy, 12 visits for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy, 12 visits for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Postsurgical Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines states that physical medicine provides short-term relief during the early phases of pain treatment, and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. 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. Therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines also states that for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, 9-10 visits over 8 weeks is recommended. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The post-surgical treatment guidelines states that for fracture of the ankle, bimalleolar up to 21 visits over 16 weeks no more than 6 months treatment period time is recommended. The documents provided on 02/04/2014 lacked evidence of conservative methods such as home exercise regimen and there was no VAS scale measurements provided indicating the injured pain level. In addition, there was lack of evidence outcome of her previous physical therapy sessions and undocumented sessions. Therefore, the request is not medically necessary and appropriate.