MAXIMUS Federal Services

Case Number:	CM14-0033360		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2013
Decision Date:	08/08/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain Management, has a subspecialty in Interventional Spine, 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 patient is a 49-year-old male with a date of injury of 6/06/2013. Per treating physician's report on 5/21/2014, the listed diagnoses are:1.Left foot, ankle, and leg fracture sprain with peroneal nerve contusion versus laceration. 2.Left foot and ankle post-op CRPS versus cellulitis versus surgical swelling. 3.Left ankle surgery on 7/15/2013 with screws in distal tibia and fibula - mortise. 4.Forehead laceration and contusion with closed head injury, impaired cognition, impaired memory, and easy fatigability. 5.Posttraumatic headaches. 6.Cervical sprain. 7.Left upper extremity weakness, cervical radiculopathy versus brachial plexus contusion from crutches versus other etiology. 8.Left elbow contusion resolved. 9.Left chest sprain/contusion. This report requests physical therapy 1 to 2 times per week for 6 weeks in order to continue range of motion and conditioning work. It also requests a foot orthotist for custom dress shoes and integral orthotics. The patient has been back to modified work duty, 2 days a week in 6-hour shifts. The plan, according to this report, was to have the patient off of work, due to flare-ups and loss of motion on modified duty; increase medications as needed; and continued physical therapy. A utilization review (UR) letter of denial is dated 3/06/2014 and references a 1/30/2014 therapy report noting visit number 15. This report lists patient's history, including open reduction internal fixation (ORIF) left ankle surgery on 07/15/2013, left ankle diagnostic arthroscopic debridement and partial synovectomy removal of two large fragment cortical syndesmotic screws from 12/09/2013, and also status post hardware removal from the ankle on 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of continued physical therapy for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with an ankle fracture with persistent pain. The patient has had ORIF of the left ankle on 7/15/2013, followed by hardware removal on 11/25/2013, and left ankle diagnostic arthroscopy, debridement, synovectomy, and removal of 2 screws on 12/09/2013. The current request is for 18 sessions of physical therapy, but the request for authorization and progress report containing the specific request is not provided for this review. The only progress report provided for review is from 5/21/2014. Much of the information for this review is also obtained from the UR letter of 3/06/2014. All in all, it appears that the patient had at least 15 sessions of post-operative physical therapy as of 01/30/2014. The current request was for an additional 18 sessions of physical therapy for the patient's ankle. MTUS guidelines for post-operative physical therapy (PT) recommend 21 sessions of physical therapy following ankle fracture or bimalleolar or trimalleolar fracture with surgical repair. In this case, review of the reports reveals that the patient had already had at least had 15 sessions by the time of the request for 18 more. The current request would exceed what is typically allowed by MTUS Guidelines for this type of condition. On-going PT without endpoint or without proper monitoring is not recommended per MTUS Guidelines. Therefore, this request is not medically necessary or appropriate.