

Case Number:	CM14-0038227		
Date Assigned:	06/25/2014	Date of Injury:	11/23/2012
Decision Date:	07/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 28-year-old female who reported an injury on 11/23/2012, she reportedly slipped on a hanger and twisted her ankle. On 06/13/2014, the injured worker presented with left ankle pain and discomfort. She stated that she has 5 more physical therapy sessions left and has been walking mostly painfree but does experience joint pain during cold and rainy days. Upon examination, there was PES plano-valgus bilateral foot, subtalar joint pronation and calcaneal-valgus bilateral foot, a hallucis valgus with bunion deformity, in the bilateral foot, and the left ankle joint medially with edema. Prior treatment included physical therapy and medication. The diagnoses were PES plano-valgus of the bilateral foot, and hallux abducto-valgus with bunion deformity. The provider recommended additional postoperative physical therapy 2 times a week for 3 weeks for the left ankle. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Postoperative Physical Therapy 2 x a week for 3 week for the left ankle: Upheld

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

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

Decision rationale: The request for additional postoperative physical therapy 2 times a week for 3 weeks for the left ankle is not medically necessary. The California MTUS state that 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 by the individuals who complete a specific exercise or task. 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. Additionally, the guidelines recommend postsurgical treatment for the ankle of up to 21 visits over 16 weeks and a treatment period of 6 months. The provider's request for additional postoperative physical therapy 2 times a week for 3 weeks for the left ankle exceeded recommendations of the guidelines. The efficacy of the prior physical therapy treatments that have already been completed was not provided, and the amount of physical therapy visits that have already been completed was not provided. 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. As such, the request is not medically necessary.