

Case Number:	CM14-0040014		
Date Assigned:	06/27/2014	Date of Injury:	11/24/2012
Decision Date:	08/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 41-year-old female who suffered an industrial injury of the left ankle and left foot on 11/24/2012. She was initially placed on light duty. However, magnetic resonance imaging (MRI) later showed a fracture, therefore, she underwent removal of left foot fracture fragment on 9/18/13. She received some physiotherapy afterwards. The patient continued to complain of pain, ankle feels wobbly and indicates that she gets swelling in cold weather causing numbness. She also noted on 1/21/14 and 2/4/14 complaints of constant tightness and swelling in left ankle. On 2/2/14 she was noted to have dysesthesia at the dorsal aspect of the foot in the area of the superficial peroneal nerve. Her range of motion (ROM) was DF 10 degrees on the left compared to 20 on the right. Plantar flexion was normal bilaterally. She had normal ROM for subtalar joint, mid tarsal joint, metatarsal joints and phalangeal joints. On 12/20/13 left ankle ROM was DF 12, PF 9, inversion 25, eversion 16. There was no evidence of antalgia with gait. Medications include Nifedipine, Vicodin and Motrin on an as needed basis. Her medical history includes diabetes mellitus, heart disease, hypertension, respiratory disease, kidney and liver disease. These diagnoses were status post fracture fragment removal, resolving neuritis secondary to trauma. The patient was recommended for 9 sessions of Physical Therapy. The request for physical therapy for the left ankle 3 times a week x 4 weeks was previously denied on 3/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) for the Left Ankle, 3 x per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

Decision rationale: As per CA MTUS guidelines, physical medicine 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. Official Disability Guidelines (ODG) only allow 21 post-surgical Physical Therapy (PT) visits over 16 weeks for ankle foot fractures. In this case, there was no record of previous PT progress notes. There also was no documentation of any improvement in the objective measurements with prior therapy to demonstrate the effectiveness of PT. Furthermore, an additional 12 PT sessions would probably exceed the guidelines recommendation. Therefore, the medical necessity of the requested service cannot be established at this time based on the guidelines and available medical records. Physical Therapy for the Left Ankle 3 x per week for 4 weeks is not medically necessary.