

Case Number:	CM14-0055743		
Date Assigned:	07/09/2014	Date of Injury:	06/30/2012
Decision Date:	08/27/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 35-year-old male who has submitted a claim for left talar fracture-lateral process healed, os trigonum pain syndrome and complex regional pain syndrome; associated with an industrial injury date of 06/30/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of pain in the left foot, graded 2/10. There is some associated numbness and weakness. Physical examination showed no tenderness to palpation over the left ankle, foot. Range of motion is restricted in the left ankle. Gait is antalgic and patient utilizes a cane to ambulate. Treatment to date has included physical therapy and oral medications. Utilization review, dated 04/24/2014, denied the request for physical therapy because there was no documented significant functional impairments that would require additional physical therapy as opposed to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Left Foot/Ankle Physical therapy Evaluation and Treat x12 Sessions (gait without a cane): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy, although medical records submitted for review failed to specify the number of sessions approved and attended. Furthermore, there is no evidence of significant injury that requires supervised physical therapy instead of a home exercise program. Therefore, the request for Additional Left Foot/Ankle Physical therapy Evaluation and Treat times 12 Sessions is not medically necessary.