

Case Number:	CM14-0059395		
Date Assigned:	07/09/2014	Date of Injury:	09/21/2013
Decision Date:	09/11/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of September 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier ankle open reduction internal fixation surgery; initial immobilization via a CAM walker; and 33 sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for six sessions of physical therapy to the ankle, invoking the MTUS Postsurgical Treatment Guidelines. Somewhat incongruously, the claims administrator then utilized ACOEM in portions of its rationale. The applicant's attorney subsequently appealed. In a physical therapy note dated February 7, 2014, it was stated that the applicant had had 24 sessions of physical therapy to that point in time status post earlier surgery on October 23, 2013. In a February 21, 2014 progress note, the applicant was described as having difficulty standing and walking owing to recurrence of soft tissue swelling and pain. The applicant exhibited minimally antalgic gait. Limited range of motion about the ankle was noted. Additional nine sessions of physical therapy and a 20-pound lifting limitation were endorsed. It is not stated whether or not the applicant was working or not. In a nurse case management note dated March 21, 2014, it was suggested that the applicant was not working as his employer was unable to accommodate his limitations. It was stated that the applicant was in the process of changing primary treating physicians. A February 7, 2014 physical therapy progress note suggested that the applicant exhibited diminished range of motion and diminished strength about the injured foot and ankle. Little or no narrative commentary was furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine procedure. (6 physical therapy sessions to the right ankle): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant has already had prior treatment (33 sessions), seemingly in excess of the 30 session general course of treatment recommended in MTUS 9792.24.3 following open reduction and internal fixation of a tibial or fibular fracture. As further noted in section 9792.24.3.c.4.b, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine in applicants in whom no functional improvement is demonstrated. In this case, the applicant is seemingly off of work. Work limitations were precluding the applicant's return to the workforce. The applicant was having difficulty performing even basic activities of daily living such as standing and walking. Neither the applicant's treating provider nor the applicant's physical therapist established the presence of any lasting benefit or functional improvement through the earlier physical treatment so as to justify continuing the same. Therefore, the request for additional treatment beyond the guideline is not medically necessary owing to a lack of functional improvement as defined in MTUS 9792.20f with earlier treatment.