MAXIMUS Federal Services

Case Number:	CM14-0064783		
Date Assigned:	07/11/2014	Date of Injury:	08/16/2012
Decision Date:	08/13/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 and 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 59-year-old male who reported an injury on 08/16/2012 from falling and injurying his ankle. The had a injured worker had a history of right ankle pain. The injured worker was diagnosed with neuralgia/neuritis unspecified, tibialis tendinitis, and osteochondritis. The injured worker had a past surgical procedure on 10/08/2013 that included a status post right ankle arthroscopic. The past treatment included a compression stocking to the right leg and physical therapy. The medications included Mobic 15 mg, Norco 5/325 mg, and Lyrica 75 mg with no VAS given. The objective findings dated 04/11/2014 revealed taut range of motion to the right ankle, and abnormal gait. The physical findings also revealed ankle dorsiflexor, tibialis anterior strength testing for active movement against gravity and resistance. The treatment plan included an ankle brace, continue with compression stockings, elevation, ice, and additional physical therapy times 12 visits. The Request for Authorization dated 06/11/2014 was submitted with documentation. The rationale for the additional physical therapy was for range of motion, strengthening, balance, and gait so that he may be safe and functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The request for the additional physical therapy 2 times a week times 6 weeks is not medically necessary. The California MTUS Guidelines indicate physical medicine treatment for the postsurgical injured worker begin with the date of the procedure and end at the specified time for that specific surgery. The CA MTUS Guidelines indicate postsurgical visits are 8 visits over a 3 month period. The injured worker should be re-evaluated during continuation of therapy when necessary, no later than 45 days from the last evaluation to document functional improvement to continue physical medicine treatment. The injured worker should be educated regarding postsurgical precautions, home exercises, and self management of symptoms should be an ongoing component of treatment starting at the first visit. Interventions should include a home exercise program to supplement therapy visits. Per the clinical notes, the injured worker received physical therapy 12 visits and was making slow and steady progress, he was also instructed on home exercises. Do we know how many sessions they completed and/or how they did? The clinical note did not support the need for additional physical therapy. The request did not address the location for which the physical therapy is needed for. As such, the request is not medically necessary.