

Case Number:	CM14-0075715		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2011
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Emergency Medicine and is licensed to practice in New York. 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 44-year-old male who was injured on September 10, 2011. The patient continued to experience left ankle pain. Physical examination was notable for tenderness through the ankle joint with stiffness in both dorsiflexion and plantarflexion. Diagnoses included status post fracture of the lateral malleoli of the left ankle with peroneal nerve injury, status post open reduction and internal fixation of the lateral malleoli, and status post removal of hardware of the left ankle. Treatment included open reduction and internal fixation of left ankle fracture at the time of injury, removal of surgical hardware, medications, acupuncture, home exercise program, and physical therapy. Request for authorization for physical therapy for the left ankle 8 visits in 4 weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Ankle 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): page(s) 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. The ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had received physical therapy after each of his surgeries. He also attended physical therapy for 8 visits starting in December 2013. This was continued in January 2014 for 8 visits, and from March into April 2014. The number of visits the patient has received has surpasses the maximum number of visit recommended. Therefore, Physical Therapy for the Left Ankle 2x4 is not medically necessary.