

Case Number:	CM14-0092828		
Date Assigned:	07/25/2014	Date of Injury:	01/14/2014
Decision Date:	09/23/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 Illinois. 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 67-year-old female with a reported injury on 01/14/2014. The mechanism of injury was due to her walking outside on an uneven pathway and stepping into a slightly low spot causing her to fall onto her right side. She felt immediately pain in her bilateral ankles. Her diagnoses included left ankle probable avulsion fracture, distal fibula, right ankle trimalleolar fracture dislocation, status post ORIF on 01/15/2014, right ankle severe postop stiffness, and left foot fracture base of the 5th metatarsal. The injured worker has had 35 previous sessions of physical therapy postoperatively. Upon the physical therapy evaluation on 06/26/2014, it was reported that the injured worker was making slow but steady progress in physical therapy. Her ankle range of motion continued to demonstrate following physical therapy treatments. Her endurance also had noted to be improved. She reported her pain level at a 5/10. She did have standing tolerance for 20 to 25 minutes and her neurovascular screening for her right side was normal and impaired to sensation to touch. The injured worker did have a right ankle malleolar ORIF on 01/15/2014. The injured worker did have an examination on 05/22/2014 with constant pain to her bilateral ankles and feet. She stated that she felt popping and cracking in her ankles and there was numbness and tingling and swelling to her ankles as well. There was not a medication list that was provided or the efficacy of her medications. The recommended plan of treatment was for her to have 12 more sessions of physical therapy for the right ankle and foot. The injured worker has been encouraged to continue her home exercise program. The rationale for her therapy to be continued is to decrease the pain and inflammation and to increase her flexibility and endurance and to help her with activities of daily living. There was no mention of an interferential unit rental in this examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy additional 12 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11,13.

Decision rationale: The request for postoperative physical therapy additionally of 12 sessions is not medically necessary. The California MTUS Guidelines recommend that the initial course of therapy for postoperative therapy is 1 half of the number of visits specified in the general course of therapy, In the postsurgical physical medicine the guidelines suggest up to a period of 6 months. The guidelines recommend for fracture of the ankle postsurgical treatment of ORIF 21 visits which half of that would be a total of 10 visits. The injured worker has already had 35 sessions of postop physical therapy visits and she has had noted improvement of function. There was not enough evidence to support the medical necessity of further postoperative physical therapy and an additional 12 more sessions. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for postoperative physical therapy additional of 12 more sessions is not medically necessary.

Interferential Unit rental 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The request for an interferential unit rental 30 days is not medically necessary. The California MTUS Guidelines recommend electrotherapy is not recommended as a primary treatment modality but to be considered with an adjunct to a program of evidence-based functional restoration. The criteria for a unit is documentation of pain at least 3 months in duration, evidence that other appropriate pain modalities have been tried including medications and have failed, a treatment plan including specific short and long term goals of treatment. There is a lack of evidence of previous treatments that have been more appropriate that have failed. There is not a list of medications provided and the efficacy of those medications. There is a lack of specific short term or long term goals for this treatment. Furthermore, the request does not specify as to what body part this is to be applied, the frequency and the duration of this unit. There is a lack of evidence to support the medical necessity of this unit. Therefore, the request for the interferential unit rental is not medically necessary.