

Case Number:	CM14-0191126		
Date Assigned:	11/24/2014	Date of Injury:	05/01/2014
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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 injured worker is a 37-year-old male who reported an injury on 05/01/2014. The mechanism of injury was a crush injury. His diagnoses were noted as closed fracture of shaft of fibula and crushing injury of ankle. His past treatments were noted to include physical therapy, medication, a home exercise program, ankle support, AFOs, lacer brace, and crutches. His diagnostic studies were noted to include an x-ray performed on 05/01/2014 which was noted to reveal good position and alignment with comminuted fracture of the distal fibular with slight separation of fracture fragments. His surgical history was not provided. During the assessment on 10/20/2014, the injured worker was seen for his follow-up on his right ankle injury. He stated that he felt that physical therapy had helped, with his motion gradually improving. He complained of some anterior ankle pain and some forefoot pain in the intermetatarsal area. The physical examination revealed the injured worker to be wearing a regular tennis shoe. There was minimal residual swelling about the ankle and foot. There was tenderness over the distal fibula shaft, with mild forefoot tenderness in the intermetatarsal area. The injured worker showed good strength on resisted inversion and fair range on inversion, and eversion showed minimal motion and weakness. His medication was noted to include Naprosyn and Norco (doses and frequencies were not provided). The treatment plan was to continue with physical therapy. The rationale for physical therapy 2 times 4 weeks for the right ankle was to continue improvement. The Request for Authorization form was dated 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 4 Weeks - Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: During the assessment on 10/20/2014, the injured worker complained of some anterior ankle pain and some forefoot pain in the intermetatarsal area. The physical examination revealed minimal residual swelling about the ankle and foot. The injured worker indicated that his motion was gradually improving by attending physical therapy. The clinical documentation provided indicated that the injured worker had attended at least 23 physical therapy visits as of 10/13/2014. The California MTUS Guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. There was a lack of adequate information regarding whether or not the injured worker had benefitted from the past physical therapy visits or if there were any functional improvements made. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion or motor strength, which would support the request for additional physical therapy. Due to the lack of pertinent information and the requested number of visits, the request for physical therapy 2 times 4 weeks for the right ankle is not medically necessary.