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| Case Number: | CM14-0209187 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 05/23/2014 |
| Decision Date: | 02/18/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 56 year old male with an injury date of 05/23/14. Based on the 10/28/14 progress report provided by treating physician, the patient complains of left ankle and foot pain. Patient presents with antalgic gait. Physical examination to the left ankle on 10/28/14 revealed mild diffuse ankle swelling and tenderness to palpation along peroneal and tibialis tendons. Limited inversion/eversion secondary to pain. Patient is prescribed Naproxen and can return to modified work. Per provider report dated 09/30/14, patient has completed 6 visits and is to continue physical therapy. Provider report dated 12/02/14 states patient received Marcaine/Celestone injection to the left ankle and "pending PT authorization." Progress reports were handwritten and difficult to interpret. Diagnosis 10/28/14 left ankle fracture- lateral malleolus/medial malleolus fractures and history of previous left ankle fracture. The utilization review determination being challenged is dated 11/26/14. Treatment reports were provided from 06/05/14 - 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times weekly for 4 weeks for the left ankle QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle and foot, and Physical therapy (PT).

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

Decision rationale: The patient presents with left ankle and foot pain. The request is for Physical Therapy 2-3 times weekly for 4 weeks for the left ankle QTY 12.00. Patient's diagnosis on 10/28/14 included left ankle fracture, lateral malleolus/medial malleolus fractures. Physical examination to the left ankle on 10/28/14 revealed mild diffuse ankle swelling and tenderness to palpation along peroneal and tibialis tendons. Limited inversion/eversion secondary to pain. Patient is prescribed Naproxen and can return to modified work. Provider report dated 12/02/14 states patient received Marcaine/Celestone injection to the left ankle and "pending PT authorization." Progress reports were handwritten and difficult to interpret. ODG-TWC, Ankle & Foot (Acute/Chronic) Chapter under Physical therapy (PT) states: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Fracture of ankle, Bimalleolar (ICD9 824.4): Medical treatment: 12 visits over 12 weeks Post-surgical treatment (ORIF): 21 visits over 16 weeks Post-surgical treatment (arthrodesis): 21 visits over 16 weeks." MTUS pages 98 and 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98 and 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Based on medical records, there is no mention of surgical intervention, therefore non-surgical guidelines were referenced. Provider has not provided reason for the request, nor discussed why patient is not able to establish a home exercise program to manage pain. Patient still presents with antalgic gait and physical examination to the left ankle on 10/28/14 revealed mild diffuse ankle swelling. However, per provider report dated 09/30/14, patient has completed 6 visits of physical therapy. Additional physical therapy would be indicated by guidelines, given accurate treatment history, which has not been provided. Furthermore, the request for 12 additional visits exceeds guideline recommendation for the patient's condition. Therefore, the request is not medically necessary.