

Case Number:	CM14-0046417		
Date Assigned:	07/02/2014	Date of Injury:	08/22/2013
Decision Date:	01/29/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 71 year old female with an injury date of 08/22/13. Based on the 02/13/14 progress report provided by treating physician, the patient complains of left ankle pain and swelling rated 7/10. Patient is status post left ankle open reduction internal fixation 09/20/13, per operative report. Patient ambulates with antalgic gait on the left. Physical examination to the left ankle on 02/13/14 revealed ankle ligament complex tenderness noted on the medial side and over the lateral malleoli. Swelling noted on the medial and lateral aspects. Range of motion was decreased in all planes. Treater states in progress report dated 02/13/14 that "patient has made substantial improvement" and that "she does need further therapy. Patient continues to have swelling and pain about the Achilles tendon." Patient is not working, but may return to work on modified duty with restrictions. Operative report 09/20/13- diagnosis: left ankle fracture-procedure: left ankle open reduction internal fixation Diagnosis 12/12/13, 02/13/14- lumbar strain - compensatory- left ankle pain status post open reduction and internal fixation 09/20/13 The utilization review determination being challenged is dated 03/14/14. The rationale is "the patient has completed 16 visits of physical therapy..." The request was modified to 2x3. Treatment reports were provided from 08/22/13 - 02/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 left ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter, Physical therapy (PT)

Decision rationale: The patient presents with left ankle pain and swelling rated 7/10. The request is for Physical Therapy 2x4 left ankle. Patient is status post left ankle open reduction internal fixation 09/20/13 due to fracture, per operative report. Patient ambulates with antalgic gait on the left. Physical examination to the left ankle on 02/13/14 revealed ankle ligament complex tenderness noted on the medial side and over the lateral malleoli. Swelling noted on the medial and lateral aspects. Range of motion was decreased in all planes. Patient is not working, but may return to work on modified duty with restrictions. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter states: "ODG Physical Therapy Guidelines - 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 (ICD9 824): Medical treatment: 12 visits over 12 weeks Post-surgical treatment: 21 visits over 16 weeks." MTUS pages 98, 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, 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." The patient is no longer within post-operative time period. UR letter dated 03/14/14 states "the patient has completed 16 visits of physical therapy..." It can be implied that the patient has attended 16 of the allowable 21 visits. The treating physician states in progress report dated 02/13/14 that "patient has made substantial improvement" and that "she does need further therapy. Patient ambulates with an antalgic gait and "continues to have swelling and pain about the Achilles tendon." Though the treating physician has not discussed why patient is not able to establish a home exercise program to manage pain, the requested 8 sessions appears reasonable given patient's postoperative status. Therefore, the request is medically necessary.