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| Case Number: | CM14-0099964 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 01/03/2012 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of January 3, 2012. In a Utilization Review Report dated January 23, 2014, the claims administrator failed to approve a request for 12 sessions of land based and/or aquatic therapy for the foot and ankle. The claims administrator referenced the MTUS Chronic Pain Medical Treatment Guidelines in its denial, despite the fact that the case was as postoperative case as of the date of the request. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 23, 2014, it was acknowledged that the applicant was not working. The applicant had undergone earlier calcaneal osteotomy, tarsal tunnel release surgery, sural nerve release surgery at an unspecified point in time. 8/10 pain complaints were reported. The note was very difficult to follow and not altogether advisable. On June 12, 2014, the applicant was, once again, placed off of work, on total temporary disability. The applicant was using three to four Norco's for pain relief. The applicant was two weeks removed from the date of right first metatarsal hardware removal surgery. The applicant had issues of depression, tearfulness, and associated sleep disturbance. Well healed wounds were appreciated. Stitches were removed. The applicant was asked to pursue 12 sessions of physical therapy, to include both land-based therapy and/or aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land physical therapy x12 including pool therapy to the right ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for 12 sessions of postoperative physical therapy to include both land based and/or aquatic therapy to the right ankle was medically necessary, medically appropriate, and indicated here. The applicant apparently underwent an ankle hardware removal procedure some two weeks prior to the date of the request. The MTUS Postsurgical Treatment Guidelines do not specifically address the topic of postoperative physical therapy following hardware removal procedures but do note that a general course of 21 sessions of treatment is recommended following surgery to repair an ankle fracture, essentially analogous as to what transpired here. MTUS 9792.24.3.a.2 notes that an initial course of therapy represents one half of the general course of therapy for the specific surgery. One half of 21 visits, thus, is approximately 11 visits. The 12-session course of treatment proposed, thus, is essentially in-align with MTUS parameters. The request in question did seemingly represent a first-time request for postoperative physical therapy treatment. Therefore, the request was medically necessary.