

Case Number:	CM15-0001764		
Date Assigned:	01/12/2015	Date of Injury:	09/26/2011
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 36 year old male who sustained an industrial injury on September 26, 2011. The mechanism of injury was a fall from a ladder. The injured worker sustained comminuted grade two fractures with extension into the joint of the left tibia/fibula. The injured worker underwent multiple surgeries, including an open reduction and internal fixation with intramedullary nailing and most recently left foot removal of hardware on August 22, 2014. Diagnoses include fracture of the left tibia, planter fasciitis of the left foot, derangement of the left leg and ankle and a non-healing and non-union of the left tibia and a painful gait. Treatment to date has included pain management, physical therapy and multiple surgeries of the left tibia/fibula. The current documentation dated December 8, 2014 notes that the injured worker continued to have shin pain and hypersensation of the dorsal foot. Physical examination revealed decreased left ankle range of motion, decreased strength and a decreased gait with increased pain. The injured worker received one physical therapy visit post-surgery on August 22, 2014. He developed a wound dehiscence and required an incision and drainage with debridement of the surgical site. Post-operative physical therapy was recommended. On January 5, 2015, the injured worker submitted an application for IMR for review of physical therapy sessions three times a week for six weeks # 18 to the left ankle. On December 24, 2014 Utilization Review evaluated and modified the request to six physical therapy sessions to the left ankle. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy sessions, left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 18 physical therapy sessions to the left ankle are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treatment duration and or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are fracture of the left tibia, status post ORIF with rod placement; S/P removal of internal fixation from left leg; plantar fasciitis of the left foot, secondary to contusion injury of the calcaneus; derangement of the left leg and ankle; non-healing and non-union of the left tibia based on the CT scan; and painful gait. Subjectively, the injured worker continues to have left ankle symptoms, but he is improving. On November 19, 2014 the injured worker presented for suture removal status post I am the left ankle with removal of internal fixation on October 18, 2014. Objectively, skin temperature is warm. There are no overt vascular lesions noted. There are no neurologic deficits present. Muscle strength is 5/5 in all muscle groups. The documentation, according to a June 25, 2014 progress note indicates the injured worker had 24 sessions of physical therapy, 12 chiropractic treatments, and six acupuncture treatments to the left ankle. The documentation does not contain evidence of objective functional improvement. However, the injured worker has undergone multiple surgeries of the affected ankle (left). Most recently, the injured worker is status post incision and drainage of the left ankle with removal of the internal fixation (October 18, 2014). The guidelines state when the treatment duration and number of visits exceeds the guideline, exceptional factors should be noted. The frequency and extent of left ankle surgeries qualify the injured worker for additional physical therapy. However, the request for 18 physical therapy sessions is in excess of what should be authorized. The guidelines state a six visit clinical trial is appropriate to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). Consequently, absent compelling clinical documentation to support an additional 18 physical therapy sessions to the left ankle in contravention of the guideline recommendations, 18 physical therapy sessions to the left ankle are not medically necessary.