MAXIMUS Federal Services

Case Number:	CM15-0105178		
Date Assigned:	06/12/2015	Date of Injury:	07/10/1997
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 7/10/1997. He reported falling off of a ladder. The injured worker was diagnosed as having status post tibiotalocalcaneal fusion. Treatment to date has included diagnostics, surgical interventions to the left ankle, bracing, cortisone injections, right tibiotalocalcaneal fusion 12/09/2014, post-operative physical therapy (at least 17 visits completed up to 5/13/2015), and medications. Currently, the injured worker complains of a small superficial wound on his right second toe, due to rubbing on the walking boot. He was treating it with soap and water, as well as antibiotic ointment. Exam of the right lower extremity showed a well healed incision and no evidence of infection. He had good overall alignment of the ankle and hindfoot and was able to flex and extend his toes. Palpable pedal pulses were noted and sensation was slightly decreased to the foot globally. X-rays showed no changes in position of the hardware and solid fusion masses at the ankle and subtalar fusion sites. The treatment plan included additional physical therapy, 3x6, for the right ankle, for continued help with gait training and strengthening of his lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) Chapter, Physical Therapy Guidelines.

Decision rationale: The patient presents with right ankle and foot pain. The request is for ADDITIONAL PHYSICAL THERAPY 3 X 6. The request for authorization is not provided. The patient is status-post right tibiotalocalcaneal fusion with autogenous bone graft, 12/09/14. X-rays of the right ankle, date unspecified, shows no interval changes in the position of the hardward. There are sold fusion masses at the ankle and subtalar fusion sites. The hardware is in the appropriate position without any interval migration, loosening, or breakage. Physical examination of the right lower extremity shows the incision is well healed. There is no evidence for any infection. He has good overall alignment of the ankle and hindfoot. He is able to flex and extend his toes. He has palpable pedal pulses, and sensation is slight decreased to the foot globally. The patient will continue to manage the superficial wound around his 2nd distal toe with antibiotic ointment. The patient's work status is not provided. 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 Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 34 visits over 16 weeks" Per progress report dated 05/06/15, treater's reason for the request is "to continue to help him with his gait training and strengthening of his lower extremities." In this case, given the patient's condition, additional course of physical therapy would be indicated. Per physical therapy note dated 05/13/15, patient has attended 17 post-op visits of physical therapy between 03/12/15 - 05/13/15. However, the patient is now beyond the post-surgical time frame of 16 weeks. And the request for 18 additional sessions of physical therapy would exceeds what is recommended by ODG for post-surgical treatments. Therefore, the request IS NOT medically necessary.