

Case Number:	CM15-0106264		
Date Assigned:	06/10/2015	Date of Injury:	03/01/2005
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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 60 year old male, who sustained an industrial injury on 3/1/2005. The current diagnoses are status post right ankle surgery, full thickness tear of the calcaneofibular ligament, full thickness tear of the anterior band of the talofibular, intrasubstance tear of the posterior band of the talofibular ligament, and advanced narrowing of the tibiotalar joint associated with multifocal osteochondral injury of the tibial plafond and this is associated with compression injury of the talar dome. According to the progress report dated 4/28/2005, the injured worker reports symptomology of the right ankle. The level of pain is not rated. The physical examination of the right ankle reveals crepitus with painful and restricted range of motion. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, and surgical intervention. The plan of care includes 12 additional physical therapy sessions to the right foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) 3 x 4, right foot, right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle - Physical Therapy (PT).

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 Ankle & Foot (Acute & Chronic) Chapter under Physical therapy (PT).

Decision rationale: The 60 year old patient presents with right ankle and foot pain. The request is for 12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT FOOT AND RIGHT ANKLE. The provided RFA is dated 05/12/15 and the date of injury is 03/01/05. The diagnoses have included status post right ankle surgery, full thickness tear of the calcaneofibular ligament, full thickness tear of the anterior band of the talofibular, intrasubstance tear of the posterior band of the talofibular ligament, and advanced narrowing of the tibiotalar joint associated with multifocal osteochondral injury of the tibial plafond and this is associated with compression injury of the talar dome. Per 04/28/15 report, treater states, "Continues with crepitus, pain to range of motion, painful difficulty and difficulty toe walking, toe standing, squatting, crouching, heel walk or heel standing." Treater also states that physical therapy has improved the range of motion. On range of motion, dorsiflexion is 15 on the right, whereas it is 30 on the left. plantar flexion is 20 on the right in comparison to 40 on the left. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, physical therapy and surgical intervention. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter under Physical therapy (PT) 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.-Tarsal tunnel syndrome (ICD9 355.5) Medical treatment: 10 visits over 5 weeks-Post-surgical treatment: 10 visits over 5 weeks"MTUS Chronic Pain Management Guidelines, pages 98,99 has 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." Per 04/28/15 report, treater states, "At this point, the patient will continue to show improvement with continuation of physical therapy, continue physical therapy three times a week for a period of 4 weeks and refill on Terocin." It is unknown when the patient underwent ankle surgery or the number of prior physical therapy sessions. ODG recommends "10 visits over 5 weeks" for post surgical treatment to the ankle/foot, as does MTUS. Regardless of prior amount of sessions, the requested 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.