

Case Number:	CM15-0109978		
Date Assigned:	06/16/2015	Date of Injury:	01/15/2015
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on 01/15/2015. According to a physical therapy progress noted dated 03/30/2015, the injured worker had completed 12 sessions of physical therapy. She had demonstrated good and steady progress with physical therapy. Increased tolerance in weight bearing and endurance were noted. Strength and mobility in the left ankle had increased, but swelling persisted, causing difficulty with walking and negotiating stairs. The provider noted that the injured worker would benefit from continued skilled physical therapy to eliminate pain and swelling and to further increase strength and mobility to restore prior functional level. According to a progress report dated 05/21/2015, the injured worker presented with an ankle fracture. The fracture was closed and occurred 4 months ago. Symptoms included swelling and soreness at the end of the day. Problem list/past medical history included Jones fracture, deep venous thrombosis, work related injury and left foot fracture. Current medications included Voltaren gel. The treatment plan included continuation of physical therapy for gait retraining. Currently under review is the request for physical therapy 2-3 times a week for 4 weeks for gait training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 4 weeks for gait training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week times for 4 weeks for gait training is 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). When 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 Jones fracture left foot. The injured worker status post left foot fracture January 15, 2015. The injured worker developed a subsequent DVT. On May 21, 2015 the injured worker had continued left ankle pain and swelling. Subjectively, the injured worker had trouble walking and weakness in the extremity. There was normal strength. The injured worker received physical therapy. The total number of physical therapy visits to date is not documented. There is no documentation of objective functional improvement. There is no clinical rationale as to why additional physical therapy is warranted. There are no compelling clinical facts indicating why additional physical therapy is warranted. There is no documentation indicating why the injured worker has not undertaken a home exercise program. Consequently, absent clinical documentation indicating total number of PT visits, objective functional improvement, a rationale for additional physical therapy, and compelling clinical facts indicating why additional physical therapy over and above the recommended guidelines is warranted, physical therapy 2 to 3 times per week times for 4 weeks for gait training is not medically necessary.