

Case Number:	CM15-0130420		
Date Assigned:	07/16/2015	Date of Injury:	11/14/2011
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 35 year old male, who sustained an industrial injury, November 14, 2011. The injured worker previously received the following treatments Percocet, Gabapentin, Vitamin B6, Naproxen, compression stockings, home exercise program including stretches and strengthening, hot/cold packs and 12 sessions of physical therapy for the right ankle and foot. The injured worker was diagnosed with fracture right ankle, difficulty with walking, tibialis tendinitis, stress fracture of the other bone, planter fascial fibromatosis, achilles bursitis or tendinitis, stiffness of the joint ankle and foot and pain in the joint of the ankle and foot. According to physical therapy progress note of June 5, 2015, the injured worker's chief complaint was right ankle pain. The evaluation documentation reported the injured worker had a reduction in symptoms and improvement in function of more than 30% since initial therapy with range of motion, strength and motor control. The injure worker was able to walk short distances of 1- 2 hours daily for household and community ambulation. The physical therapist recommended continuation of physical therapy for the right foot. The treatment plan included physical therapy for the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 14.

Decision rationale: The claimant sustained a work injury in November 2011 and continues to be treated for right ankle pain. He underwent right ankle surgery in December 2014 with flexor and posterior tibial tenolysis and peroneal tendon repair. Surgery was complicated by wound dehiscence. When seen, he had completed 9 postoperative physical therapy treatments. He was improving with treatments but still felt weak. Physical examination findings included moderate edema and mild to moderate tenderness. There was a positive Tinel's over the medial foot and ankle. There was decreased strength. He was continuing to ambulate with a CAM boot. Additional physical therapy was requested. Guidelines recommend up to 8 therapy treatments over 3 months following the surgery that was performed. In this case, the claimant has already had physical therapy consistent with that recommended. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request was not medically necessary.