

Case Number:	CM15-0139535		
Date Assigned:	07/29/2015	Date of Injury:	07/17/2014
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This 43 year old male sustained an industrial injury to the right leg on 7/17/14. The injured worker was diagnosed with an open right fibula and tibia fracture treated with open reduction internal fixation. The injured worker underwent advancement flap of the right leg on November 7, 2014. In a progress note dated June 30, 2015, the injured worker complained of mild to moderate pain and stiffness. The injured worker reported that he had been able to increase his activities since his last visit. The injured worker was able to walk around and stand for a reasonable amount of time with a cane. The injured worker reported having increased pain at startup. The injured worker also reported that when he first started out he felt a grinding sensation at the knee. The physician noted that the injured worker had returned to work with restrictions, had been receiving physical therapy, was taking his pain medications and using a cane for ambulation. Documentation did not disclose the number of previous physical therapy sessions. Physical exam was remarkable for right knee with some pain around the proximal tibia and knee without instability, right ankle with clean, dry and intact incision, right foot with fixed contracture of the toes, right foot with numbness consistent with loss of peroneal function and pitting edema to the lower leg. Current diagnoses included right leg infection with successful suppression with antibiotics, right open fibular and tibia fracture with stable fixation of graft and right leg peroneal nerve injury. The treatment plan included physical therapy twice a week for four weeks and a prescription for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right lower leg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury with an open right tibial and fibular fracture in July 2014 requiring ORIF and subsequent skin flap surgery in November 2014. When seen, he was receiving physical therapy. He was slightly better and had been able to increase his activities. He was having moderate pain and stiffness. There was decreased ankle range of motion and fixed contracture of the toes. There was numbness of the foot and 3+ edema. Imaging results were reviewed. Medications were refilled and modified work was continued. An additional 8 therapy sessions were requested. The claimant is being treated for chronic pain with no new injury and is already receiving physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to finalize a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.