

Case Number:	CM15-0142580		
Date Assigned:	08/03/2015	Date of Injury:	09/12/2007
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/22/2015

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 46 year old female, who sustained an industrial injury on 9-12-2007. She reported a trip and fall with injury to the left ankle and loss of consciousness, subsequently requiring midfoot fusion with placement of hardware. Diagnoses include pain in joint, ankle, foot. Treatments to date include physical therapy and acupuncture treatments. Currently, she complained of ongoing left ankle symptoms. On 7-6-15, the physical examination documented swelling, pain with palpation and pain with flexion and dorsiflexion of toes. The plan of care included physical therapy three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for four (4) weeks for the Left Ankle: 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) Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks of the left ankle 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are pain in showing ankle/foot. The date of injury is subject to 12 2007. The request for authorization is July 7, 2015. According to a podiatrist's first report dated July 6, 2015, the injured worker is status post fusion with retained hardware and the left mid foot. The podiatrist indicates physical therapy and acupuncture did not provide benefit. The documentation states "nothing worked." There is no documentation demonstrating objective functional improvement. The total number of physical therapy sessions is unspecified. There are no compelling clinical facts in the medical records indicating additional physical therapy over the recommended guidelines is clinically indicated. The treating podiatrist requested medical records, prior CT scans and MRI films. There is no indication or documentation stating the treating provider is aware of prior physical therapy. Consequently, absent clinical documentation demonstrating objective functional improvement, for a number of physical therapy sessions to date, physical therapy progress notes and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks of the left ankle is not medically necessary.