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| Case Number: | CM15-0162166 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 07/30/2012 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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 is a 52 year old male with an industrial injury dated 07-30-2012. His diagnoses included post-operative left sided foot numbness and probable sacroilitis. Prior treatment included ankle surgery, physical therapy, and injection to ankle, diagnostics, crutches and brace. He presents on 06-15-2015 for follow up evaluation. He was having problems with regards to his left foot and ankle. He had loss of protective sensation along his planter aspect. The treatment request is for physical therapy, left Ankle, 2 times wkly for 6 wks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Ankle, 2 times wkly for 6 wks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13. 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 an injury to the left ankle in July 2012 and underwent a ligament repair in November 2012. He had 12 sessions of physical therapy prior to surgery. He had postoperative physical therapy and in November 2013, he was performing a home exercise program. When seen, he was having ongoing left foot and ankle pain with numbness and tingling. Physical examination findings included lumbosacral junction and left sacroiliac joint and facet joint tenderness. Fabere and Gaenslen tests were positive. Authorization for 12 sessions of physical therapy for proprioceptive training for the left ankle was requested. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines and has already had 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 and could include use of TheraBands and a BAPS board for strengthening and proprioceptive training. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.