

Case Number:	CM15-0166321		
Date Assigned:	09/04/2015	Date of Injury:	05/26/2015
Decision Date:	10/14/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male who sustained an industrial injury on 05-26-2015. Mechanism of injury occurred when he fell 10 feet and landed on his heels. He suffered a crush injury. Diagnoses include left calcaneal fracture status post open reduction and internal fixation on 06-11-2015. Comorbid diagnosis is chronic obstructive pulmonary disease. Treatment to date has included diagnostic studies, surgery, injections, CAM walker, and medications. X-ray of the left heel reveals grossly stable appearance of a left calcaneal ORIF. Right ankle x-ray showed no fracture. A physician progress note dated 07-15-2015 documents the injured worker is improving. Skin is healing. He is to continue to be non-weight bearing. Use of resistive bands is ok. As of documentation from 07-22-2015 the injured worker has not received and therapy yet. He is non-weight bearing for 12 weeks post operatively then he may increase to 50% weight bearing week 13-14 then increase to 100% weight bearing by week 16. As of progress note dated 07-01-2015, the injured worker is doing ok. Skin has healed and swelling is minimal. He was casted with this visit. There were no physical therapy visits present for review. According to the UR dated 07-24-2015 the injured worker had previously been authorized for physical therapy-18 post-op visits on 06-03-2015, and therefore the UR denied the additional physical therapy visits until previous physical therapy visits are completed. Treatment requested is for Physical therapy 2 times a week for 16 weeks for the left foot.

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 16 weeks for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. MTUS post-op treatment guidelines encourage regular physician follow-up in order to assess progress and guide goals for additional treatment. The current request substantially exceeds treatment guidelines for duration of therapy between physician assessment visits regard progress and determination of additional goals. Therefore, this request is excessive and for that reason the request is not medically necessary.