

Case Number:	CM15-0167081		
Date Assigned:	09/04/2015	Date of Injury:	03/24/2014
Decision Date:	10/07/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 28 year old male, who sustained an industrial injury on March 24, 2014. He reported left ankle pain. The injured worker was diagnosed as having status post open reduction internal fixation (ORIF) in 2014, left talar neck fracture and osteotomy of the lateral process fracture, healed, left subtalar joint post-traumatic osteoarthritis and left Achilles and posterior ankle capsular contractures. Treatment to date has included diagnostic studies, subtalar joint injection with one days benefit, medications, conservative therapy and activity restrictions. Currently, the injured worker continues to report medial aspect of the subtalar joint and hindfoot pain. He noted start-up pain and difficulty bearing weight until the foot warms up. He also noted increasing pain throughout the day. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 25, 2015, revealed continued pain as noted. No numerical pain assessment was noted in the report. Left foot and ankle evaluation revealed no edema or discoloration. The ankle dorsiflexion was noted as slightly better than neutral. The subtalar motion is fairly rigid and there was tenderness along the medial hindfoot and subtalar joint. Physical therapy was recommended, orthotics were discussed and medications were continued. Physical therapy evaluation on April 18, 2015, revealed continued complaints of pain. It was noted he had went to roughly 20-30 previous physical therapy visits with only modest gains. Evaluation on June 3, 2015, revealed continued pain. He noted the orthotics were uncomfortable. It was noted he was frustrated with his overall lack of ability to improve however he did feel he was making strides with physical therapy. It was noted his range of motion

remained about the same as previous visits. Work restrictions were continued. The RFA on June 25, 2015, included a request for Additional physical therapy, 1 time a week for 6 weeks, left ankle and was non-certified on the utilization review (UR) on July 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 1 time a week for 6 weeks, left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant had undergone numerous sessions without significant improvement. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional 6 physical therapy sessions are not medically necessary.