

Case Number:	CM15-0168350		
Date Assigned:	09/09/2015	Date of Injury:	02/02/2015
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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 60 year old female who sustained an industrial injury on 02-02-2015. Mechanism of injury was a slip and fall injuring her left foot-ankle. Diagnoses include left ankle sprain versus well healed left distal fibular fracture, left fifth metatarsal base fracture, left metatarsalgia contusion second tarsal head, left plantar fasciitis, and left wrist contusion. Physician progress notes dated from 05-18-2015 to 07-20-2015 documents the injured worker has complaints of left wrist pain that she rates as 3 out of 10 on the Visual Analog Scale with medications and pain increases to 6 out of 10 without medications. She has left foot and ankle pain which is rated 2-3 out of 10 on the Visual Analog Scale and increased to 6-7 out of 10 without medications. She ambulates with a normal gait with no evidence of a limp. There is no evidence of weakness walking on the toes or the heels. She has soft tissue swelling of the mid foot, and there is tenderness to palpation over the second metatarsal head as well as over the base of the fifth metatarsal. She is taking anti-inflammatories. Treatment to date has included diagnostic studies, medications, was in a walking boot for 2 months due to metatarsal fracture, is still participating in the approved 6 sessions of physical therapy for her left foot and ankle-has completed 12 physical therapy visits, and 8 sessions of occupational therapy, use of ice-heat and a wrist brace. A Magnetic Resonance Imaging of the left foot showed mild effusion about all five metatarsophalangeal joints, with moderate contusion involving the plantar aspect of the second metatarsal head. No fracture is visualized. On 07-30-2015 the Utilization Review denied physical therapy 2 times a week for 4 weeks for the left foot/ankle. She had already received 12 physical therapy visits and she should be on an established home exercise program.

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 left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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 to the left knee 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis unspecified; pain in joint lower leg; contusion of knee/leg; and chondromalacia patella. Date of injury is December 10, 2010. Request for authorization is August 12, 2015. The injured worker is status post left total knee arthroplasty November 13, 2014. The injured worker received 36 postoperative physical therapy sessions and is engaged in a home exercise program. The most recent physical therapy was provided April 2015. There is no running total of physical therapy sessions to date documented in the medical record. There is no documentation demonstrating objective functional improvement. According to an August 10, 2015 progress note, subjectively the injured worker complains of ongoing left knee pain 8/10. Objectively, the left knee range of motion is 0 to 105. There is no instability noted. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical documentation indicating additional physical therapy over the recommended guidelines is clinically indicated and no documentation demonstrating objective functional improvement (from 36 prior postoperative PT sessions), physical therapy three times per week times four weeks to the left knee is not medically necessary.