

Case Number:	CM15-0169403		
Date Assigned:	09/10/2015	Date of Injury:	03/05/2014
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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 55 year old male, who sustained an industrial injury on 3-5-14. The injured worker was diagnosed as having status post left ankle fibular fracture, laceration over the medial aspect of the lower extremity approximately 14cm in length, and antalgic gait secondary to left ankle fracture. Treatment to date has included 12 physical therapy sessions and medication including Norco. Physical examination findings on 6-26-15 included significant motion loss of the left ankle and decreased strength in plantar and dorsiflexion. Currently, the injured worker complains of left foot pain rated as 5-6 of 10. On 7-9-15, the treating physician requested authorization for physical therapy 2x6 for the left foot and ankle. On 8-4-15, the request was non-certified; the utilization review physician noted "the clamant recently has been treated with 12 physical therapy sessions with more than 16 months post injury, the claimant has attended sufficient physical therapy to be well versed in an independent 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 two times a week for six weeks left foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle-Foot Physical Therapy Guidelines online version (updated 06/22/15).

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. 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 has undergone numerous sessions of therapy over the year. The claimant was transitioned to home exercises. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional 12 therapy sessions are not medically necessary.