

Case Number:	CM15-0181725		
Date Assigned:	09/23/2015	Date of Injury:	10/22/2014
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This 55 year old man sustained an industrial injury on 10-22-2014. Evaluations include foot x-rays dated 10-22-2014. Diagnoses include chronic pain, closed fracture of the metatarsal head, and closed fracture of the medial malleolus. Treatment has included oral medications, casting, physical therapy, and immobilization. Physician notes dated 4-15-2015 show complaints of neck pain rated 7 out of 10, low back pain rated 6 out of 10, and foot pain rated 7 out of 10. The physical examination shows a stable gait with slowed cadence, difficulty squatting as the worker cannot bend the ankle, normal range of motion in the bilateral ankles and forefoot, right mid-foot swelling and pain and slightly tender to palpation, medial malleolus is also tender to palpation without swelling, and good motor strength to the bilateral ankles. Recommendations include physical therapy including passive and active modalities and TENS unit therapy, Ibuprofen, encourage home exercise program, double mattress, and follow up in one month. Utilization Review modified a request for additional physical therapy citing the guidelines allow 12 sessions of physical therapy and the worker has already received 4 sessions. An additional 8 sessions of physical therapy were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral ankles 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and foot chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in October 2014 with a non-displaced medial malleolar fracture and non-displaced right third metatarsal fracture. Treatments included use of a cast and immobilization. In April 2015 he was receiving physical therapy. The assessment references needing more motivation with his home exercise program. In June 2015 an additional eight physical therapy treatments were requested. In July 2015 he was receiving ongoing physical therapy including pool therapy, massage, and range of motion. Eight treatments were requested again. In terms of physical therapy for the claimant's condition, guidelines recommend up to 12 treatment sessions over 12 weeks. The claimant 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 balance. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not considered medically necessary.