

Case Number:	CM15-0184418		
Date Assigned:	09/24/2015	Date of Injury:	03/04/2015
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 41-year-old male, who sustained an industrial injury on 3-4-15. The injured worker was diagnosed as having left tibia-fibula fracture. Treatment to date has included status post open reduction internal fixation (ORIF) left tibia-fibula fracture (3-12-15); physical therapy; medications. Currently, the PR-2 notes dated 8-12-15 indicated the injured worker returns for a follow-up of his status post open reduction internal fixation (ORIF) left tibia-fibula fracture on 3-12-15. He reports he is doing well and is no longer taking medication for pain. The provider documents "He is progressing more rapidly now with his movement, weight bearing. He is now on regular footwear and rarely utilizes the CAM boot well." The provider's note continues, "He continues with physical therapy (18 approved) which he states is helping him progress, he is also doing home exercise program. He has no other complaints." On physical examination, the provider documents "Skin is in good condition on the lower extremity. Left lower extremity has normal neurovascular function." The provider dated 5-28-15 reviewed X- rays "left tib-fib x-ray series: Excellent reduction and hardware placement." The treatment plan included to continue full weight bearing as tolerated and physical therapy additional 3 x week for 2 more weeks, as well as home exercise program. Physical therapy notes dated 7-31-15 document "total Visits: 12" and notes "Location of foot and ankle pain: He reports 50% improvement in range of motion and strength. He continues to complain of aching on the medial and lateral aspect of the ankle and 1st MTP. He feels like therapy is helping with his range of motion and strengthening a lot and he hopes he is able to return once he gets more visits. Pain is aggravated with the following activities or positions: all movements, continues to

wear boot in public and if he walks more than an hour. Pain eases with the following activities or positions: resting, stretches." Multiple physical therapy notes have been submitted with treatment, plan and goals all indicating their focus was on symptom control, scar mobs, range of motion, stretches, gait re-education, general strengthening and conditioning, balance and instruction for home exercise program. A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 8-21-15 and non-certification was Physical/occupational therapy 3 times a week for 2 weeks (6 sessions), left lower extremity. The Utilization Review letter states "An evaluation date 8-12-15, indicates the patient was progressing more rapidly with the movement, weight bearing. The patient was on regular footwear and rarely using the CAM boot well. The patient would quickly advance the weight bearing in the CAM boot unless going to long distances. On physical examination, the left lower extremity was on regular footwear. The patient was ambulating full weight bearing without ambulatory aids. The left lower extremity had normal neurovascular function. The patient was instructed to work on desk only and no driving at work. The patient is more than 5 months post ORIF of the left tibia-fibula. The exact number of physical therapy visits completed by the patient to date is not clear. Physical therapy notes are not available for determining progressive functional improvement. Furthermore, the examination does not document range of motion of the knee or ankle and any strength deficits. The goals of additional therapy and not clear. The necessity of the request is not established." Utilization Review referenced the CA MTUS Guidelines in this decision. A request for authorization has been received for Physical/occupational therapy 3 times a week for 2 weeks, left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical/occupational therapy 3 times a week for 2 weeks, left lower extremity: Upheld

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

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

Decision rationale: The patient presents on 08/12/15 with improving left lower extremity complaints. The patient's date of injury is 03/04/15. Patient is status post open reduction and internal fixation of a left tibia-fibula fracture. The request is for physical/occupational therapy 3 times a week for 2 weeks, left lower extremity. The RFA is dated 08/12/15. Physical examination dated 08/12/15 is unremarkable. The patient is not currently taking any medications. Patient is currently working. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." About the 6 sessions of physical therapy sessions for this patient's ongoing left lower extremity complaints, the provider has exceeded guideline recommendations. Per physical therapy progress note dated 07/29/15, it is noted that this patient has completed 12 sessions to date. This patient underwent ORIF on 03/12/15, and is therefore outside of the post-operative time frame. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments; the request for 6 treatments in addition to the 12 already completed exceeds these recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.