

Case Number:	CM15-0189561		
Date Assigned:	10/01/2015	Date of Injury:	11/14/2011
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, 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 35 year old male who sustained an industrial injury 11-14-11. A review of the medical records reveals the injured worker is undergoing treatment for plantar fibromatosis, enthesopathy of the ankle and tarsus, neuralgia-neuritis, disorder of the synovium-tendon-bursa, and tibialis tendinitis. Medical records (09-02-15) reveal the injured worker complains of right ankle pain, which is not rated. He reports minimal pain on the top of the foot, but complains of burning and tingling on the side of his foot. He also complains of unspecified "weakness." The physical exam reveals (09-02-15) reveals limited range of motion of the right ankle, an antalgic gait, with mild tenderness to palpation of at the peroneus brevis tendon. Prior treatment includes 16 sessions of physical therapy sessions, surgical repair of the right ankle (12-18-14) including flexor hallucis longus tenolysis, posterior tibial flexor digitorum longus, neurolysis, and repair peroneal; and medications. The treating provider reports the plan of care as continued medications, elevation of the right ankle, ankle brace, home exercise, and additional physical therapy. The treating provider reports there was a delay in beginning physical therapy postoperatively due to wound complications. The injured worker is reported to have made "slow but steady progress." The original utilization review (09-11-15) on certified the request for 8 additional physical therapy sessions to the right lower extremity. The medication list include Percocet, Norco and Lidocaine patch.

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 right 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: Request: Physical therapy 2 times a week for 4 weeks for the right lower extremity. The guidelines cited below state, "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 patient has received 16 sessions of physical therapy sessions for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided." The medical necessity of the request for Physical therapy 2 times a week for 4 weeks for the right lower extremity is not fully established for this patient.