

Case Number:	CM15-0192018		
Date Assigned:	10/06/2015	Date of Injury:	12/02/2014
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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 21 year old male, who sustained an industrial injury on 12-2-2014. The medical records indicate that the injured worker is undergoing treatment for status post left ankle crush injury, resolving neuritis, and bilateral flatfoot deformity. According to the progress report dated 8-21-2015, the injured worker presented for follow up regarding left ankle crush injury. He notes that he is "feeling a little better". After completion of physical therapy, he notes that he has less tightness in his foot and ankle. He reports that he has started "jogging now". He notes that he continues to have some symptoms on occasion, just not as severe as they once were. The physical examination reveals decreased hypersensitivity throughout the dorsolateral foot and ankle anterior left ankle region. There is full range of motion noted. The current medications are not specified. Previous diagnostic studies include MRI of the left foot and ankle. Treatments to date include medication management, 10 physical therapy sessions, and orthotics. Per notes, he did respond well to the previous physical therapy. According to the physical therapy note dated 3-12-2015, he showed "good progress with all weight bearing mobility secondary to increased left ankle range of motion and strength. He also showed improved balance but remains limited with dynamic movements on uneven surfaces". The treating physician states that since he has returned to jogging, he should be able to return to work full duty with no restrictions. The original utilization review (9-3-2015) partially approved a request for 1 additional physical therapy session (original request was for #8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, QTY: 8: Upheld

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

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 and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy #8 sessions 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 status post left ankle crush injury; resolved neuritis; and flatfoot deformity bilateral. Date of injury is December 2, 2014. Request for authorization is August 27, 2015. According to an August 27, 2015 progress note, the injured worker complains of stiffness of the affected ankle and foot. The injured worker received 18 physical therapy sessions. In a note dated March 12, 2015, the documentation states 10 physical therapy sessions were completed. In a progress note dated August 13, 2015, eight physical therapy sessions were completed. Objectively, the ankle was nontender with normal motor function 5/5. Additionally, the injured worker jogs and is working full-time. There is no clinical indication or rationale for additional physical therapy in this injured worker who jogs regularly and is working full-time. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation the injured worker jogs and works full time with a nontender normal motor function examination, physical therapy #8 sessions is not medically necessary.