

Case Number:	CM15-0205897		
Date Assigned:	10/22/2015	Date of Injury:	01/07/2015
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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 45 year old female who sustained an industrial injury on 01-07-2015. A review of the medical records indicated that the injured worker is undergoing treatment for a fractured left ankle (tibia-fibula). The injured worker is status post open reduction internal fixation left ankle on 01-13-2015. According to the treating physician's progress report on 10-05-2015, the injured worker continues to experience constant left ankle pain rated at 8 out of 10 on the pain scale. The injured worker also reported difficulty sleeping. There were no objective findings of the left ankle documented. Examination on 07-21-2015 noted an antalgic gait favoring the left with the use of crutches. There was mild tenderness at the medial and lateral left ankle with negative instability, negative posterior drawer test and decreased range of motion. Prior treatments have included diagnostic testing, surgery, walking devices, physical therapy (at least 24 sessions post-operatively), home exercise program, acupuncture therapy and medications. Current medications were noted as Tramadol and Naproxen. Treatment plan consists of continuing medication regimen, follow-up in 2 weeks and the current request for additional physical therapy to the left ankle twice a week for 6 weeks. On 10-14-2015, the Utilization Review determined the request for additional physical therapy to the left ankle twice a week for 6 weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional Physical Therapy to the left ankle 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009, Section(s): Knee.

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

Decision rationale: Based on the 10/5/15 progress report provided by the treating physician, this patient presents with severe left ankle pain rated 8/10. The treater has asked for Outpatient additional Physical Therapy to the left ankle 2 times a week for 6 weeks on 10/5/15. The patient's diagnosis per request for authorization dated 10/6/15 is left ankle pain. The patient is s/p prior unspecified ankle surgery of unspecified date with hardware (plate and screws) per 10/5/15 report. The QME dated 5/14/15 specifies surgery as left ankle ORIF from 1/12/15. The patient is currently having difficulty in ambulation and difficulty going to sleep per 10/5/15 report. The patient had 12 acupuncture sessions with limited improvement per 7/21/15 report. The patient is to remain off work until 10/19/15 per 10/5/15 report. MTUS Post-Surgical Treatment Guidelines, Section on Knee, Page 24, 25: Fracture of tibia and fibula (ICD9 823): Postsurgical treatment (ORIF): 30 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "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." The patient is s/p left ankle ORIF from 1/12/15. Per utilization review letter dated 10/14/15, the request is denied since the patient has undergone 24 postoperative physical therapy sessions, and there is absence of documentation showing that the patient cannot perform a home exercise program. MTUS only allows for 30 postoperative physical therapy sessions over a treatment period of 6 months. In this case, the patient has undergone 24 postoperative physical therapy sessions without documentation of improvement, and is outside the postoperative physical therapy treatment period. The treater's current request for 12 additional sessions of therapy exceeds that request. In non-operative cases, 8-10 sessions would be allowed per MTUS but the treater does not discuss prior treatment history, nor is there a sufficient rationale for additional therapy. Hence, the request is not medically necessary.