

Case Number:	CM15-0205907		
Date Assigned:	10/22/2015	Date of Injury:	10/31/2014
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 56 year old male sustained an industrial injury on 10-31-14. Documentation indicated that the injured worker was receiving treatment for a lateral malleolar fracture. In a progress note dated 6-17-15, the injured worker complained of pain in the anterolateral aspect of the right ankle that was "significantly" improved from the last visit. The physician stated that historically the injured worker had continued to work following the injury - even though he could not ambulate independently with full weight bearing - because he was not aware that he had sustained a fracture. The physician further stated that he believed that the injured worker's fracture was now adequately healed. Physical exam was remarkable for right ankle 15 degrees dorsiflexion and plantar flexion. The injured worker could not do a single-leg hip with the same vigor as on the left. The treatment plan included physical therapy. The number of physical therapy sessions completed was unclear. In a progress note dated 8-31-15, the injured worker complained of ongoing soft tissue pain in the area of the lateral malleolar fracture and in the ankle. Physical exam was remarkable for tenderness to palpation to the anterolateral corner with full range of motion and soft tissue tenderness anterior to the lateral malleolar fracture and immediately over the bone. The injured worker did not have significant pain with ambulation. The physician noted that physical therapy had been helpful in increasing strength, functionality, and decreasing pain. The treatment plan included magnetic resonance imaging right ankle and requesting eight additional sessions of physical therapy. On 10-5-15, Utilization Review noncertified a request for 8 sessions of physical therapy for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 8 sessions for Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM: Occupational Medical Practice Guidelines, Second Edition(2004), Chapter 14.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: Physical Therapy, 8 sessions for right ankle is not medically necessary. Page 99 of Ca MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that prior physical therapy visits with documented benefit; however, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize benefit with physical therapy; therefore, the requested service is not medically necessary.