

Case Number:	CM15-0206255		
Date Assigned:	10/23/2015	Date of Injury:	09/13/2006
Decision Date:	12/08/2015	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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 65 year old female, who sustained an industrial-work injury on 9-13-06. She reported initial complaints of right ankle, foot, and bilateral calf pain. The injured worker was diagnosed as having chronic right ankle and foot pain, status post right calcaneal comminuted fracture, complex regional pain syndrome type 2 in the right lower extremity, and chronic injury to the right calcaneofibular ligament. Treatment to date has included medication, physical therapy, home exercise program (HEP). CT scan reports were reported on 9-16-06 confirmed a calcaneal fracture on the right side with a comminuted fracture. X-rays were reported on 2-5-15 showing no evidence of acute stress fracture, diffuse degenerative disease, calcaneal spurs and pes planus noted deformity of the calcaneus consistent with an old fracture. Currently, the injured worker complains of new numbness and tingling in the bilateral feet that affects gait and standing ability. Tylenol has helped significantly with pain as well as physical therapy. She is retired. Per the primary physician's progress report (PR-2) on 9-18-15, exam notes reduced range of motion to the ankle passively, plantar of the right ankle is weak at 4 out of 5, there is temperature changes from the right to the left, cooler to touch than the left, decreased sensation to light touch in the right posterior calf, positive pain with palpation of the right Achilles tendon, decreased sensation to light touch on the bottom and medial plantar surface area of the foot. Current plan of care includes physical therapy sessions. The Request for Authorization requested service to include Physical therapy for the right ankle and foot, quantity: 6 sessions, per 09/18/15 order. The Utilization Review on 10-5-15 denied the request for Physical therapy for the right ankle and foot, quantity: 6 sessions, per 09/18/15 order, per CA

MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle and foot, quantity: 6 sessions, per 09/18/15 order:
Overturned

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 Ankle and Foot, Physical Therapy, ODG Preface, Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states, 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The available medical record notes that the IW does physical therapy "intermittently," without clarification but the physical therapy notes do mention 14 sessions for treatment of the past calcaneal fracture. The treating physician specifically states that this request is for new symptoms related most likely to the IW's diagnosis of chronic regional pain syndrome. As this request is not related to the past injury physical therapy sessions it must be viewed as a new initial request. A request for 6 sessions as a trial for physical therapy is in line with CA-MTUS recommendations for foot/ankle therapy. As such, I am reversing the prior review decision and deem the request for 6 sessions of PT for right foot/ankle medically necessary.