

Case Number:	CM15-0208751		
Date Assigned:	10/27/2015	Date of Injury:	08/07/2008
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/23/2015

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 60 year old female who sustained an industrial injury on 8-7-08. A review of the medical records indicates she is undergoing treatment for non-displaced fracture of calcaneus at Achilles insertion, lateral ligament instability, peroneal tendon intrasubstance tear, and status post fifth metatarsal fracture fixation. Medical records (4-27-15, 6-1-15, 6-29-15, and 9-11-15) indicate ongoing complaints of left foot and ankle pain and discomfort. She rates her pain "6-8 out of 10" (9-11-15). The physical exam reveals tenderness at the lateral ankle ligaments over the calcaneus at the insertion of the Achilles tendon. The treating provider indicates "limited left ankle dorsiflexion 10 degrees, +4 out of 5 ankle eversion strength, otherwise normal range of motion and strength through the lower extremities". Diagnostic studies have included an MRI of the foot, showing intact hardware at the fifth metatarsal from fracture fixation, as well as non-displaced extra articular fracture of the calcaneal tuberosity with bone marrow edema. Post-surgical changes are noted at the peroneal tendons with irregularity and intrasubstance tearing of the peroneus brevis and peroneus longus tendons. The treating provider states "she is not yet permanent and stationary" in regards to work status. Treatment recommendations include Voltaren gel, bracing, and physical therapy 3 times a week for 4 weeks. The utilization review (9-22-15) includes a request for authorization of physical therapy 3 times a week for 4 weeks. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Three (3) Times a Week for Four (4) Weeks Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Ankle & Foot, Physical Therapy.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2008 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Three (3) Times a Week for Four (4) Weeks Left Ankle is not medically necessary and appropriate.