

Case Number:	CM15-0020218		
Date Assigned:	02/09/2015	Date of Injury:	08/28/2009
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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, 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 62 year old female sustained an industrial injury to the right ankle on 8/28/09. On 6/10/14, the injured worker underwent right posterior ankle arthrotomy and capsular release with os trigonum excision. In a progress note dated 12/17/14, physician noted that physical therapy was ongoing. The injured worker was improving but still had bilateral knee pain. The injured worker participated in pool exercise but often used a cane for ambulation support and right knee tape for joint support. The injured worker had some low back pain and was getting gait training for this. Physical exam was remarkable for some right ankle edema more lateral near the surgery site. The injured worker was wearing normal shoes. Current diagnoses included ankle sprain, sprain of knee and general osteoarthritis. The treatment plan included ongoing physical therapy. On 1/28/15, Utilization Review noncertified a request for 6 session Additional Physical Therapy 3 times weekly for 2 weeks to right ankle noting lack of documentation of functional improvement after previous 36 physical therapy sessions and citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 session Additional Physical Therapy 3 times weekly for 2 weeks to right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the patient has exceeded the amount of PT recommended by ODG, with no documentation of extenuating circumstances to support additional therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.