

Case Number:	CM15-0211331		
Date Assigned:	10/30/2015	Date of Injury:	07/17/2013
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 36 male who sustained an industrial injury July 17, 2013. Past history included Brostrom lateral ligament repair of the right ankle January 23, 2015. Post-operatively he maintained a short leg cast for 6 weeks, which was removed March 5, 2015. He then was using a flexible ankle brace and physical therapy began April 6, 2015 with approved 12 visits. On May 7, 2015, the treating physician requested an additional 12 visits of work conditioning physical therapy. According to a treating physician's progress report dated October 1, 2015, the injured worker presented for an unscheduled visit with complaints of increased right distal foot pain. Physical examination revealed; right ankle- no swelling or ecchymosis; anterior drawer sign present, doesn't react or report pain with passive inversion and passive dorsiflexion or palpation when distracted; Velcro brace in place; right foot-the base of the 5th metatarsal is without pain on palpation; there is full distal neurovascular function. Diagnosis is documented as ankle sprain, strain, right. At issue, is the request for authorization dated October 1, 2015, for physical therapy work conditioning with biofeedback three times per week for four weeks for the right ankle. According to utilization review dated October 9, 2015, the request for Physical Therapy work conditioning with biofeedback (3) times per week for (4) weeks for the right ankle is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy work conditioning with biofeedback 3 times per week for 4 weeks for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening, and Postsurgical Treatment 2009, Section(s): Ankle & Foot. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Work conditioning, work hardening, Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy, Pain section, Work conditioning, work hardening, biofeedback.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy, work conditioning with biofeedback three times per week times four weeks to the right ankle is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is ankle strain/sprain on the right. Date of injury is July 17, 2013. Request authorization is October 1, 2015. According to an October 1, 2015 progress note, the injured worker is status post Brosrom lateral ligament repair of the right ankle. The visit was on schedule subjectively, the injured worker complains of right foot distal pain. Objectively, there is no ecchymosis, no swelling, no tenderness palpation with negative provocative testing. The documentation indicates the injured worker was approved for 22 postoperative physical therapist sessions. This request exceeds the recommended guidelines (eight sessions). A QME indicated the injured worker will not be unable to return to his present work. The documentation, as noted above, indicates the injured worker symptoms have worsened despite having an unremarkable physical examination. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (eight sessions) is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, and no compelling clinical facts indicating additional physical therapy (over the 22 prior physical therapy sessions) is clinically indicated, physical therapy, work conditioning with biofeedback three times per week times four weeks to the right ankle is not medically necessary.