

Case Number:	CM15-0217177		
Date Assigned:	11/06/2015	Date of Injury:	02/17/2015
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male, who sustained an industrial injury on February 17, 2015, incurring left ankle injuries. He was diagnosed with a left ankle fracture. He underwent an open reduction and internal fixation of the right ankle fracture in February 2015. Treatment included pain medications, physical therapy and home exercise program and activity modifications with restrictions. Currently, the injured worker complained of persistent left leg and ankle pain, stiffness and swelling. He rated his pain 5 out of 10 at its worst on a pain scale from 0 to 10. He noted difficulty walking, standing, squatting and transferring. He had limited range of motion of the left ankle. He noted difficulty with his activities of daily living. He was limited with ambulation secondary to swelling and pain of the left ankle. The treatment plan that was requested for authorization included a physical therapy re-evaluation and additional post-operative physical therapy to the left ankle three times a week for six weeks. On October 7, 2015, a request a physical therapy evaluation and additional physical therapy to the left ankle was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Re-Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy re-evaluation is not medically necessary per the MTUS Guidelines. The documentation does not reveal that the requested physical therapy is medically necessary therefore, the physical therapy re-evaluation is not medically necessary. The MTUS recommends up to 21 visits postoperatively for this surgery over a period of 6 months. The documentation indicates that the patient is status post at least 22 visits for this condition. The patient is now out of the postoperative period and the MTUS recommends a transition to an independent home exercise program. The documentation does not reveal extenuating factors, which necessitate 18 more PT visits; therefore, this request for a PT re-evaluation is not medically necessary.

Additional Post-Operative Physical Therapy To Left Ankle 3x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Additional post-operative physical therapy to left ankle 3x6 is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 21 visits postoperatively for this surgery over a period of 6 months. The documentation indicates that the patient is status post at least 22 visits for this condition. The patient is now out of the postoperative period and the MTUS recommends a transition to an independent home exercise program. The documentation does not reveal extenuating factors, which necessitate 18 more PT visits; therefore, this request is not medically necessary.