MAXIMUS Federal Services

Case Number:	CM15-0033513		
Date Assigned:	02/27/2015	Date of Injury:	03/06/2014
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old male, who sustained an industrial injury on 3/6/14. On 2/23/15, the injured worker submitted an application for IMR for review of Physical therapy 2 times per week for 4 weeks on the left ankle. The treating provider has reported the injured worker complained of left ankle stiffness and weakness with popping and giving out. The diagnoses have included bimalleolus left ankle fracture. Treatment to date has included open reduction internal fixation left ankle fracture repair (4/2/14); x-rays left ankle (11/17/14), physical therapy. On 1/22/15 Utilization Review non-certified Physical therapy 2 times per week for 4 weeks on the left ankle. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks on the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): page(s) 98-99. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface ï¿½ 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."Medical records state that the patient already completed a course of physical therapy. The treating physician has not given "exceptional factors" that would allow for another course of treatment in excess of guidelines. The patient should be familiar with a home exercise program. As such, the request for Physical therapy 2 times per week for 4 weeks on the left ankle is not medically necessary.