

Case Number:	CM15-0034217		
Date Assigned:	02/27/2015	Date of Injury:	06/01/2003
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
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: 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:

This 41-year-old female sustained a work related injury on 06/01/2003. According to a progress report dated 02/02/2015, the injured worker was seen in follow-up of her right heel and ankle pain following arthroscopy. She reported that her main problem was her back. She had returned to work and it had increased her back pain. She also reported hypersensitivity to the anterior aspect of the ankle and some decreased sensation to the first dorsal web space. Assessment was noted as status post right ankle arthroscopy with mild hypersensitivity, status post plantar fascia release. Plan of care included Norco, Lidoderm and a follow up in two months. Documentation submitted for review indicated that the injured worker began postoperative physical therapy on 09/30/2014 and was authorized a total of 18 physical therapy visits. On 02/12/2015, Utilization Review non-certified physical therapy right ankle 2 times a weeks for 6 weeks, 12 sessions. According to the Utilization Review physician, the injured worker had right plantar fascial release surgery 8 months ago. She attended 18 post-op physical therapy sessions, exceeding the quantity recommended by Official Disability Guidelines. There was no documentation of any complication or unique circumstances. The exam on 02/02/2015 did not record any right foot weakness or motion deficits. Official Disability Guidelines, Ankle & Foot, Physical Therapy, Plantar Fasciitis, Post-surgical treatment was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right ankle 2 times a week for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with unrated right heel and ankle pain following recent surgery. The patient's date of injury is 06/01/13. Patient is status post right ankle arthroscopy with plantar fasciotomy. The request is for PHYSICAL THERAPY RIGHT ANKLE 2 TIMES A WEEK FOR 6 WEEKS, 12 SESSIONS. The RFA is dated 02/04/15. Physical examination of the right ankle dated 02/02/15 reveals tenderness to palpation, hypersensitivity to the anterior aspect, and decreased sensation of the first dorsal web space. The patient is currently prescribed Neurontin and Lidoderm. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency; from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 12 additional PT sessions for the management of this patient's chronic pain, the treater has not provided a rationale as to why additional therapy would be needed. The records provided indicate that this patient has undergone 16 physical therapy sessions directed at this complaint to date with some improvements, the visit last being 12/16/14. Were the records to indicate a significant time lapse between previous therapy, re-injuries, or discuss reasons this patient is unable to conduct self-directed physical therapy, additional sessions could possibly be warranted. Without such evidence, however, the medical necessity of further physical therapy is not substantiated. The request IS NOT medically necessary.