

Case Number:	CM15-0034878		
Date Assigned:	03/03/2015	Date of Injury:	09/05/2014
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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: Orthopedic Surgery

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 September 5, 2014. He has reported a fall from a ladder. The diagnoses have included unspecified open fracture of ankle. Treatment to date has included diagnostic studies, surgery and physical therapy. On February 19, 2015, the injured worker complains of continued stiffness and intermittent swelling to the right lower extremity. Significant restriction remains to the TC joint capsule. He was noted to have made slow but steady progress with his range of motion. He demonstrated great tolerance and motivation. Notes stated that range of motion, strength and gait deficits remain and that the injured worker would benefit from continued physical therapy to address those issues. On February 2, 2015, Utilization Review modified a request for post-operative physical therapy for the right ankle quantity of 18 to post-operative physical therapy for the right ankle quantity of 6, noting the CA MTUS Guidelines. On February 10, 2015, the injured worker submitted an application for Independent Medical Review for review of outpatient post-operative physical therapy for the right ankle quantity of 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Outpatient Post-Operative Physical Therapy to the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation, the request is not medically necessary.