MAXIMUS Federal Services

Case Number:	CM15-0035877		
Date Assigned:	03/04/2015	Date of Injury:	02/18/2014
Decision Date:	07/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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, Pain Management

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 55 year old male, who sustained an industrial injury on February 18, 2014. He reported sustaining an injury to his right foot when he walked off the front of the platform and landed on the ground on his right foot. The injured worker was diagnosed as having right ring finger middle phalanx fracture per x-ray June 18, 2014, right ankle calcaneal fracture, and right foot/ankle swelling and pain. Treatment to date has included x-rays, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of ongoing pain of his bilateral ankles/feet, radiating up his back, with numbness over the right ankle, and a pulling sensation and severe pain in his right foot/ankle when doing exercises. The Primary Treating Physician's report dated January 9, 2015, noted the injured worker with right middle finger tenderness to palpation to the DIP joint of the finger and deviation to the tip of the right middle finger. The right foot/ankle examination revealed tenderness to palpation over the lateral malleolus/anterior aspect with a slight antalgic gait. The treatment plan was noted to include a request for authorization for twelve additional sessions of physical therapy to the right ankle foot/ankle, and a prescription for Naprosyn. The injured worker was noted to remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks on the right foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine; Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. In the case of injured worker, the date of injury is over 1 year and the patient has undergone prior PT. It is unclear what functional benefit the patient has achieved in terms of objective improvement or reduction in work restrictions. The patient is noted to be participating in a home exercise program per guidelines. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture. Therefore additional physical therapy as originally requested is not medically necessary.