MAXIMUS Federal Services

Case Number:	CM15-0072339		
Date Assigned:	07/16/2015	Date of Injury:	08/06/2014
Decision Date:	08/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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, Hawaii
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:

The injured worker is a 54 year old female, who sustained an industrial injury on 8/6/14. Initial complaint was of a fall from a scooter and hit right leg. The injured worker was diagnosed as having right proximal fibula fracture closed; second degree burn right lower leg soft tissue hematoma/ soft tissue necrosis; muscle atrophy lower extremity; bleeding disorder. Treatment to date has included physical therapy (x 24); medications. Diagnostics studies included MRI right ankle without contrast 2/9/15). Currently, the PR-2 notes dated 3/20/15 indicated the injured worker who presents with ankle and/or foot pain. Current symptoms include pain and swelling. The ankle/foot problem is described as being located in the right ankle/leg. She reports that walking/weight pressure/night time makes it worse. The ankle foot problem is relieved by elevating and ice. The pain is constant and pain is rated at 8/10. She reports radiation of pain from right ankle up to the knee. The quality is described as an ache and hot. She reports feeling worse since not going to physical therapy. She has an orthopedist appointment 3/30/15 and an ankle specialist in April. Her original injury resulted in a fracture of the right fibula and a burn injury on the medial side of her right upper leg. The fracture was treated closed but she developed necrotic tissue from the burn that was debrided surgically and wound vacuum dressings. She used a wheelchair and then walker and crutches. A MRI of the right ankle impression dated 2/9/15 reveals a 5mm x 5mm stage I Berndt and Harty osteochondral lesion involving the medial portion of the right talar dome. There is a 2mm x 2mm stage I Berndt and Harty osteochondral lesion involving the right tibial plafond. A mild sprain of the right posterior tibiotalar ligament with mild bone marrow edema at the attachment sites for the ligament is

noted and right Achilles enthesopathy. A 2mm plantar calcaneal spur at the origin of the right plantar fascia and moderate right tibiotalar joint effusion and Os trigonum. The provider is requesting authorization of physiatry take over care and physical therapy 9 visits. Please note per Utilization Review telephone conversation with the provider on 3/26/15 at 17:20 pm ET, it was agreed that "no additional PT [physical therapy] is needed until more information is obtained. The injured worker is seeing orthopedist on 3/30/15 for her fracture but not the soft tissue injury."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three visits a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The patient presents with pain affecting the right leg and ankle. The current request is for Physical therapy three visits a week for three weeks. The treating physician report dated 5/28/15 (170B) states, "The patient is on physical therapy, 4th treatment and states it helps a lot." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received at least 24 sessions of physical therapy previously. The patient is status post fibular fracture (8/6/14) and is no longer in the MTUS post-surgical treatment period. In this case, the patient has received 24 visits of physical therapy to date and the current request for an additional 9 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the current request does not specify a specific body part(s) that requires physical therapy. The current request is not medically necessary.