

Case Number:	CM15-0083313		
Date Assigned:	05/05/2015	Date of Injury:	07/12/2014
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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 35-year-old male who sustained an industrial injury on 07/12/2014 when a customer's car drove over his ankle. The injured worker was diagnosed with left ankle bimalleolar fracture and compensatory right knee sprain/strain and chondromalacia of the patella. Treatment to date includes diagnostic testing, surgery, physical therapy, home exercise program, work modifications and medications. The injured worker is status post open reduction internal fixation of bimalleolar fracture with screw and plate stabilization on July 17, 2014. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience left ankle and right knee limitations but improving with physical therapy. Total sessions received to date are approximately 30. The injured worker rates his ankle pain level at 2-7/10. Examination of the left ankle demonstrated decreased range of motion, worse in inversion. Right knee pain was rated 4-7/10 with a positive patellar grind test. The injured worker ambulates with a limp. Current medications are not documented. Treatment plan consists of second opinion for left ankle, right knee chiropractic therapy and the current request for 8 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Ankle/Foot Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with the most recent PT sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, there is no clear rationale for additional PT well exceeding the recommendations of the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.