

Case Number:	CM15-0088861		
Date Assigned:	05/13/2015	Date of Injury:	06/07/2013
Decision Date:	06/16/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

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 (IW) is a 45-year-old male who sustained an industrial injury on 06/07/2013 due to struck by a car. Diagnoses include non-union of fracture and fracture of the left tibia. Treatments to date included medications, physical therapy and surgery. Diagnostics to date included MRIs and x-rays; x-rays of the left tibia and fibula on 3/19/15, showed good alignment and no movement of the hardware; the view of the left ankle was negative for bony injury. Progress notes from 3/19/15 stated the IW reported improvement in weight bearing, however, discomfort, soreness and swelling around the mid lower leg continued. He also told the provider there was pain, stiffness and swelling at the left ankle, described as being all around the left ankle. According to the physical therapy notes dated 3/27/15, the IW reported left leg pain rated 4 to 6/10. He was able to bear full weight on the left leg, but with continuing pain. A single point cane was used for ambulation at all times. On examination, range of motion of the left ankle was limited, with distal pulses 2+. There was tenderness to palpation around the peroneal tendons around the lateral malleolus. A request was made for 12 additional physical therapy sessions (three times weekly for four weeks) for the left leg to focus on aggressive range of motion for the left ankle, hip and knee and for strengthening, gait and transfer training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional physical therapy sessions for the right leg (32 to date): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 24.

Decision rationale: The claimant sustained a work injury in June 2013 and underwent intramedullary nailing of a left tibial nonunion on 07/21/14. He had sustained a fracture after being struck by a car. On 10/30/14 he was advanced to weight-bearing as tolerated. As of June 2/12/15 he had completed 32 post operative physical therapy treatment sessions. He had progressed from pool therapy to land based therapy. He was having increased left knee, ankle, and low back pain. He was continuing to use a crutch and having difficulty being able to weight-bearing fully. When seen by the requesting provider was ambulating with a cane and able to ambulate short distances with a histone without any assistive device. A recent MRI of the left knee was reviewed and had shown full thickness cartilage loss at the medial femoral condyle with osteophytes. He was continued at full weight-bearing status. Guidelines recommend up to 30 visits over 12 weeks following the surgery performed. In this case, the claimant has a ready had an appropriate postoperative course of physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The additional therapy being requested is in excess of the guideline recommendation or what would be necessary to finalize a home exercise program. The request is therefore not medically necessary.