

Case Number:	CM15-0241339		
Date Assigned:	12/18/2015	Date of Injury:	08/01/2015
Decision Date:	01/28/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/10/2015

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:

This is a 32-year-old male with a date of industrial injury 8-1-2015. The medical records indicated the injured worker (IW) was treated for closed fracture of upper end of fibula. In the progress notes (11-5-15), the IW reported his pain was decreased, but not eliminated; he remained very debilitated. He rated his left leg pain 7 out of 10 at the 10-21-15 visit. On examination (11-5-15 notes), left knee range of motion was 60 to 105 degrees. The calf wound was more superficial, 1.5 cm long and 0.5 cm wide. Treatments included Mobic, Norco, CAM walker, wound care and crutches. The IW was temporarily totally disabled. He was non-weight bearing until 9-2-15. Electrodiagnostic testing on 10-26-15 showed "abnormalities are consistent with an axonal lesion of both the left tibial (mild to moderate) and peroneal (severe but not complete) nerves in the proximal foreleg". The left knee x-rays taken on 9-10-15 showed an acute 1 cm displaced proximal fibular diaphysis fracture, ankle soft tissue edema and small joint effusion with diffuse calf soft tissue edema. The records reviewed showed an order for physical therapy on 9-2-15, but it was unclear if this course of physical therapy ever began. The provider suggested a consultation with a specialist for possible microsurgical repair of the nerve injury and physical therapy. A Request for Authorization dated 11-6-15 was received for physical therapy two to three times a week for eight weeks for the left leg. The Utilization Review on 11-12-15 non-certified the request for physical therapy two to three times a week for eight weeks for the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left leg 2 to 3 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy and Other Medical Treatment Guidelines Sunderland S: The anatomy and physiology of nerve injury. Muscle Nerve 13:771-784, 1990.

Decision rationale: The claimant sustained a work injury on 08/01/15 when a forklift struck him on the left leg. He sustained a compression injury, meniscal injury, and fibular fracture which were treated with closed reduction. Electrodiagnostic testing was done in October 2015 showing findings consistent with axonal injuries to the left tibial and peroneal nerves. In September 2015 an ankle foot orthosis was requested. In November 2015 his pain had decreased. He remained very debilitated. The ankle foot orthosis was due to arrive within one week. Physical examination findings included decreased left knee range of motion. His left calf wound was healing. He had a body mass index over 46. Recommendations included continued use of crutches. He had Mobic and Norco at home. Further orthopedic intervention was unlikely. He was referred for physical therapy. In terms of physical therapy after a fracture of the tibia and fibula, guidelines recommend up to 12-18 treatment sessions over 8 weeks. In this case, the requested number of therapy visits, up to 24, is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The claimant also has evidence of a significant left peroneal nerve injury and electrodiagnostic test results suggest a probable prolonged neurological recovery. Additional physical therapy pending the recovery that occurs could be considered. The request is not medically necessary.