

Case Number:	CM14-0108021		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2013
Decision Date:	09/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 57-year-old male who reported falling from a roof on 11/16/2013. He fractured his left tibia and talus and sustained a compression fracture of the spine. He had an external fixator applied to the left lower leg, ankle, and foot, and underwent an open reduction internal fixation of the left lower leg and ankle on 12/04/2013. The 06/17/2014 Progress Note was his 36th physical therapy treatment after the surgery. He reported that he was walking a half a mile twice per day. The recommendation was for him to continue physical therapy 2 times a week for another 4 weeks. There was no rationale included in this worker's chart. A Request for Authorization dated 06/20/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - Ankle & Foot.

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

Decision rationale: The California MTUS Guidelines recommend passive therapy for short term relief during the early phases of pain treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The postsurgical recommendations are for one half the number of visits during the initial course of therapy which are specified at the general course of therapy for specific surgery in the postsurgical physical medicine treatment recommendations. For fracture of the tibia, the postsurgical treatment for an open reduction internal fixation is 30 visits over 12 weeks. The postsurgical physical medicine treatment period is 6 months. This worker has had 36 physical therapy visits which exceeds the recommendations in the guidelines and he has had them for longer than the recommended treatment period of 6 months. Additionally, the request did not specify a body part or parts to be treated during the requested physical therapy. Therefore, this request for physical therapy 2 times a week times 4 weeks is not medically necessary and appropriate.