

Case Number:	CM14-0143811		
Date Assigned:	09/12/2014	Date of Injury:	09/05/2013
Decision Date:	10/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/05/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 41 year old male with date of injury of 9/5/2013. A review of the medical records indicates that the injured worker is undergoing treatment for fracture of the left ankle and foot. Subjective complaints include continued pain in his left ankle and foot. Objective findings include reduced range of motion of the left ankle with a well-healed scar; 4/5 strength on plantar flexion of left foot. Treatment has included Norco. The utilization review dated 8/4/2014 non-certified 12 sessions of therapeutic exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercise (12-sessions, 2 times per week for 6 weeks for the left foot and ankle; to include heat, cold, ultrasound, massage, myofascial release, and electrical stimulation or transcutaneous electrical nerve stimulation (TENS)): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines, page 99, Ultrasound, therapeutic, M. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Physical therapy (PT), Heat therapy (ice/heat), Cold packs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy,

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The request for 12 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for therapeutic exercise is not medically necessary.