

Case Number:	CM14-0091599		
Date Assigned:	07/25/2014	Date of Injury:	01/03/2013
Decision Date:	10/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/17/2014

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 Illinois. 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 64-year-old with a reported date of injury on 01/23/2013. The mechanism of injury was noted to be a slip and fall. His diagnoses were noted to include closed fracture of the right ankle. His previous treatments were noted to include surgery, physical therapy and medications. The progress note dated 05/15/2014, revealed complaints of sharp pain to the area of the fracture of the right ankle where the retained hardware was removed. The injured worker has an orthotic for the right foot. The physical examination revealed the injured worker was able to stand and bear weight without pain. The injured worker was able to step normally without complaints of pain. The gait showed a minor limp favoring the ankle and the tenderness was greatest over the lateral ankle. The range of motion was good with plantar flexion and somewhat limited with dorsiflexion (about 10 degrees). There was no significant tenderness. The physical therapy progress note dated 05/22/2014, revealed complaints of pain and discomfort at the scar site rated 3/10. The injured worker was able to walk without increased pain and no complaints of pain in lying down or crossing legs. The range of motion to the ankle was noted to be initially dorsiflexion was to 10 degrees and currently is to 17 degrees. Plantar flexion initially was to 65 degrees and currently is to 70 degrees. Inversion was to 55 degrees and currently is to 65 degrees. Eversion was initially to 35 degrees and currently is to 40 degrees. The physical therapist revealed the injured worker's progress was slow and steady; however, an increase in his own free range and decreased pain levels continued to occur. The Request for Authorization form was not submitted within the medical records. The request was for postoperative physical therapy #12 sessions to decrease pain levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy #12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The injured worker showed improved range of motion and decreased pain with previous physical therapy. The Postsurgical Treatment Guidelines recommend 21 visits over 16 weeks with the postsurgical physical medicine treatment period of 6 months. The injured worker is past the postsurgical treatment period and into the chronic phase. The documentation provided indicated slow, but improving results in regard to range of motion with quantifiable objective functional improvements. There is a lack of documentation regarding total number of sessions completed and therefore, despite current measurable functional deficits, due to the lack of documentation regarding number of previous sessions completed, additional physical therapy is not appropriate at this time. Therefore, the request is not medically necessary.