

Case Number:	CM14-0191648		
Date Assigned:	11/25/2014	Date of Injury:	03/04/2014
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

This 48 year-old forklift driver sustained an injury on 3/4/14 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 10 sessions (2 x 5) Right Ankle. Diagnoses include right ankle medial malleolar fracture. Report of 4/3/14 from the provider noted the injured worker s/p right ankle fracture with persistent pain rated 5/10 currently taking Tramadol and Terocin cream. The injured worker remained off work and present in CAM walker. Exam of right ankle showed TTP along deltoid and medial gutter; mildly positive anterior drawer; pain on dorsiflexion and anterior ankle line; with edema. X-rays showed chip fracture on dorsal aspect of navicular and medial malleolar, degenerative changes, unchanged findings, otherwise unremarkable. Plan was for MRI of right ankle. The injured worker underwent right ankle arthroscopic surgery and lateral collateral ligament repair on 6/3/14 by podiatrist with extensive post-op physical therapy. Exam showed right ankle with acute tenderness to palpation over lateral malleolus/dorsum and bottom of right foot with mild edema; 4/5 motor strength of 4/5 on right ankle DF and PF; diminished sensation in non-dermatomal distribution; and 1+ symmetrical reflexes. Diagnoses include right ankle tenosynovitis; CRPS type II foot. Plan was for FRP evaluation. The request(s) for Physical Therapy 10 sessions (2 x 5) Right Ankle was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 10 sessions (2 x 5) Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased range of motion, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 10 sessions (2 x 5) Right Ankle is not medically necessary and appropriate.