

Case Number:	CM14-0217993		
Date Assigned:	01/07/2015	Date of Injury:	08/19/2001
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California

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:

The injured worker is a male, who sustained an industrial injury on 08/19/2001. On physician's progress report dated 12/5/2014 he was noted to be status post triple arthrodesis left on 05/27/2014. He complained of weakness and pain. The diagnoses have included ankle synovitis left, swelling ankle and difficulty walking. Treatment plan included physical therapy, discussed ankle injections and recheck in 6 weeks. On 12/16/2014 Utilization Review non-certified Physical Therapy 15 visits over 60 days for the left foot. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 15 visits over 60 days, for the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Physical therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 8 therapy visits for the treatment of complete rupture of posterior tibial tendon and 21 visits of therapy following arthrodesis. 48 visits of therapy are recommended following achilles tendon rupture after surgical treatment. Guidelines recommend a 6-visit trial of therapy with additional therapy recommended based on documentation of objective functional improvement. Within the documentation available for review, it does not appear any therapy has been provided thus far. No objective treatment goals been included and no objective deficits have been identified. An initial trial of 6 visits of therapy may be indicated, however, there is no provision to modify the current request. As such, the currently requested physical therapy is not medically necessary.