

Case Number:	CM14-0060043		
Date Assigned:	07/09/2014	Date of Injury:	04/26/2012
Decision Date:	01/29/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine, 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 patient is a 55 year old male with the injury date of 04/26/12. Per physician's report 04/10/14, the patient has low back pain, radiating down his right leg. Physical therapy and medication have helped the patient. The patient has 'difficulty to wear the regular shoes because of shortness throbbing to the right social lateral portion of the foot.' His right ankle, surgical wound site, is oversensitive to the light touch. "X-ray of the right tibia fibular ankle joint demonstrates fracture reduced implant in proper alignment fracture haning, healthy callus formation."The lists of diagnoses are:1) nonunion of fracture2) injury peroneal nerve 3) injury posterior tib nerve 4) Fx ankle unsp closed Per 02/14/14 progress report, the patient has pain in his right lower extremity after surgery repair. The patient is limping to the right lower extremity without support. The treater requested additional physical therapy, "focus on right lower extremity, the nerve reeducation training, meanwhile, ankle foot range of motion strengthening flexibility of the joint." The patient had left shoulder arthroscopy on 01/24/14 and ankle lateral maleolus fracture malunion osteotomy on 05/31/13. The utilization review determination being challenged is dated on 04/24/12. Treatment reports were provided from 03/04/13 to 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 post-op PT visits: 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 Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his lower extremity. The patient is s/p left shoulder surgery on 01/24/14 and right ankle surgery on 05/31/13. The request is for ADDITIONAL 12 SESSIONS OF POST-OP PHYSICAL THERAPY. The view of the reports indicates that the treater requested therapy for the right lower extremity. Although the shoulder surgery is within operative-time frame, the current request of 12 therapy sessions for the right lower extremity is outside of post-operative time frame as the request is outside of 6 months following the right ankle surgery. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The review of the reports indicates that the patient has had 18 sessions of physical therapy between 01/03/13 and 02/10/14. The initial therapy report 01/03/13 indicates the patient's pain is at 5/10 and the final therapy report 02/10/14 states that the patient's pain is 6/10. The therapy reports do not show any pain reduction or functional improvement. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined 18 already received would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.