

Case Number:	CM15-0003795		
Date Assigned:	01/14/2015	Date of Injury:	09/28/2011
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 58 year old female with an industrial injury dated 09/28/2011 resulting from a fall. Her diagnoses include backache unspecified, pain in joint ankle/foot, unspecified myalgia/myositis, and chronic pain. There was no recent diagnostic testing submitted or discussed. She has been treated with over the counter medication for several months. In a progress note dated 12/09/2014, the treating physician reports constant pain in the left foot and ankle with swelling with prolonged walking. The objective examination revealed limping, restricted range of motion of the left ankle with pain, and tenderness. The treating physician is requesting 8 additional post-op physical therapy sessions which was denied by the utilization review. On 12/10/2014, Utilization Review non-certified a request for additional post-op physical therapy 2 times per week for 4 weeks for the left ankle, noting that the injured worker has previously had 34 sessions of post-op physical therapy and the request for additional therapy exceeding the recommended guidelines . The MTUS was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of additional post-op physical therapy 2 times per week for 4 weeks for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions additional post-op Physical Therapy (2x for 4weeks) for the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-15.

Decision rationale: Per the 12/09/14 report the patient presents with constant pain in the left foot with swelling after prolonged walking s/p fracture. The current request is for 8 SESSIONS ADDITIONAL POST-OP PHYSICAL THERAPY 2 X FOR 4 WEEKS FOR THE LEFT ANKLE per the 12/01/14 RFA. The 12/09/14 report states the patient is to return to full duty 12/09/14. MTUS post-surgical guidelines pages 12, 13, 14 for the Ankle and Foot states that the postsurgical treatment period for other than amputation is 4-6 months. The reports provided for review are not specific about the type of ankle/foot fracture. The date of surgical treatment is not provided. No operative reports are provided for review. The 12/10/14 utilization review cites a 10/07/11 operative report for ORIF Sanders Type 4 ABC of left calcaneus comminuted. No other operative procedures are cited. The treater does not discuss the reason for this request. Guidelines state the post-surgical treatment period is 4-6 months. In this case, there is no evidence the patient is within a post-operative treatment period for the left ankle and the request is for post-operative physical therapy. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. The request IS NOT medically necessary.