

Case Number:	CM15-0017520		
Date Assigned:	02/05/2015	Date of Injury:	07/09/2012
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 51 year old male who sustained an industrial injury on 7/9/12. The injured worker reported symptoms in the right lower extremity. The diagnoses included industrial injury, right foot and ankle, status post revision surgery, with findings of significant chondromalacia, osteochondral lesions, synovitis, and surgical treatment of the same, compensable consequence injuries, left knee and irritation of lumbar spine. Treatments to date include right ankle arthroscopy on 11/20/14, nonsteroidal anti-inflammatory drugs, anti-inflammatory medications, physical therapy, and bracing. In a progress note dated 12/31/14 the treating provider reports the injured worker "continues to have significant pain, swelling, and stiffness in the foot and ankle." also noting improvement with the current regimen of physical therapy. On 1/14/15 Utilization Review non-certified the request for Physical therapy for the right ankle, 2 times a week for 4 weeks modified to post-surgical physical therapy 9 visits over 8 weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."The patient has completed 4 physical therapy visits and the current request is for 8 additional visits in excess of guideline recommendations. The previous reviewer modified the request and approved 5 additional visits. As such the request for Physical therapy for the right ankle, 2 times a week for 4 weeks is not medically necessary.