

Case Number:	CM15-0126871		
Date Assigned:	07/13/2015	Date of Injury:	03/03/2015
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on March 3, 2015, incurring right leg, right knee, right ankle and foot, left foot and ankle, shoulder, and upper extremity injuries, after falling on wet stairs. He was diagnosed with a fractured right ankle and right knee sprain. Treatment included pain medications, anti-inflammatory drugs, physical therapy, bracing, and work restrictions. Currently, the injured worker complained of continued pain in the right foot, ankle and toes and right knee. He noted pain in the left ankle and foot due to walking with an altered gait. He had increased pain with flexing, extending, standing and walking, bending, stooping and squatting. The treatment plan that was requested for authorization included eighteen sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x week x 6 weeks Qty: 18 sessions: 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 manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic foot or ankle pain. At this point the patient is quite far from the initial date of injury and with no substantial objective evidence of functional improvement after many sessions of physical therapy. Without strong evidence for physical therapy being beneficial, medical necessity of physical therapy cannot be justified as any greater than a home exercise program emphasizing education, independence, and the importance of on-going exercise. Additionally, 18 sessions of physical therapy without a plan to assess for functional improvement and clinical valuable is not within the recommended treatment, as evidence of functional improvement should be evident after 4-6 visits, and close follow up is required. In this case, a home exercise program should be encouraged, and therefore the request for further physical therapy is not medically necessary based on the provided records.