

Case Number:	CM15-0177912		
Date Assigned:	09/18/2015	Date of Injury:	10/16/2012
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 25 year old male, who sustained an industrial injury on October 16, 2012, resulting in a left metatarsal fracture. A review of the medical records indicates that the injured worker is undergoing treatment for eight weeks status post left ankle arthroscopic debridement of pigmented villonodular synovitis. The Treating Physician's report dated August 12, 2015, noted the injured worker was eight weeks status post left anterior and posterior arthroscopic ankle debridement and synovectomy, with the injured worker reporting improved pain since previous visit. The injured worker was noted to have been participating in 4 sessions of physical therapy, working on range of motion (ROM) and strengthening, doing home exercise program (HEP) for ankle range of motion (ROM). Examination of the left lower extremity was noted to show the injured worker's incisions well healed with no evidence of infection, no surrounding erythema, fluctuance, or drainage around the incisions. Sensation was noted to be grossly intact to the foot globally. The Physician recommended that the injured worker continue to work on physical therapy, noting his progress moving along gradually with physical therapy. The Physician noted a request for additional physical therapy for ankle range of motion (ROM) and strengthening as well as gait and balance training. The single physical therapy note submitted for review was the initial evaluation dated July 28, 2015. The injured worker was noted to be status post a left ankle debridement-synovectomy, unable to work secondary to dysfunction, with the goal to eliminate pain and return to work activities unrestricted and symptom free. The injured worker was noted to be non-weight bearing, wearing a CAM boot, and using a roll-a- bout for community ambulation. The request for authorization dated August 20, 2015, requested additional post-op physical therapy 2 x a week for 6 weeks Qty: 12.00. The Utilization Review (UR) dated August 26, 2015, modified the request for additional post-op physical therapy 2 x a week for 6 weeks Qty: 12.00 to approve nine additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Op physical therapy 2 x a week for 6 weeks Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.