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| Case Number: | CM15-0034570 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 09/26/2011 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 37 year old male, who sustained an industrial injury on 9/26/2011. He has reported a fall off a ladder and extensive injury to left leg. The diagnoses have included left tibia fracture, status post Open Reduction and Internal Fixation (ORIF) with rod of left ankle in 2011, status post removal of internal fixation from left ankle in 2014 with post surgical complications including cellulitis of the surgical site requiring surgical debridement and drainage in October 2014, plantar fasciitis, derangement of left leg and ankle, non-healing and non-union of left tibia per Computed Topography (CT) scan, and painful gait. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy. Currently, the IW complains of left ankle pain. The physical examination from 12/23/14 documented pain 7-8/10 VAS associated with numbness and tingling. The surgical wound from debridement was noted as healed with no signs or symptoms of infection. Lumbar spine was not to have been progressively improving. The plan of care included continuation of physical therapy and medications. On 2/17/2015 Utilization Review non-certified twelve (12) physical therapy sessions, three times a week for four weeks to left ankle, noting the request exceeds guideline recommendation for total duration of care. The MTUS Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of twelve (12) physical therapy sessions, three times a week for four weeks to left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 visits (3 times weekly, 4 weeks) for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines recommend 9-10 physical therapy sessions for myalgia and myositis. The clinical information reviewed indicated that the patient had undergone 18 sessions of physical therapy. Guidelines do not recommend extending physical therapy treatment without documentation of exceptional factors. In this case, there is no documentation of exceptional factors necessitating extension of treatment. Thus, the request for 12 sessions of physical therapy to the left ankle is not medically appropriate and necessary.