

Case Number:	CM15-0071834		
Date Assigned:	04/22/2015	Date of Injury:	06/04/2014
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old male, who sustained an industrial injury on 06/04/2014. He reported injuries to his left leg and right heel. The injured worker is currently diagnosed as having status post subtalar fusion secondary to os calcis fracture with internal fixation and left os calcis open reduction and internal fixation of pillion fracture with ankylosis of the ankle. Treatment and diagnostics to date has included bilateral lower extremity surgeries, physical therapy, home exercise program, and medications. In a progress note dated 02/27/2015, the injured worker presented with complaints of constant pain in the left shin and left ankle and pain in the right heel. The treating physician reported requesting authorization for continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral ankles 3x12 weeks: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy bilateral ankles three times per week times 12 weeks (36 sessions) are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, and she felt direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are status post subtalar fusion secondary to os calcis fractures with internal fixation; and left os calcis open reduction and internal fixation of pillion fracture ankylosis of the ankle; open reduction and internal fixation plates and screws for the pillion fracture of the tibia and fibula. The injured worker was hospitalized for over two months. Present complaints, according to a February 27, 2015 progress note, include constant pain in the left shin, left ankle, pain and swelling in the left ankle, pain in the right heel, and swelling of the right heel with tingling and numbness of the right foot area. Objectively, the injured worker walks with a slow shuffling gait and has difficulty walking on toes. The injured worker has received 45 sessions of physical therapy as of March 20, 2015. The guidelines recommend 30 physical therapy sessions over 12 weeks. The injured worker should be well-versed in the exercises performed at physical therapy to engage in a home exercise program. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted (having received 45 physical therapy sessions to date), physical therapy bilateral ankles three times per week times 12 weeks (36 sessions) are not medically necessary.