

Case Number:	CM15-0094782		
Date Assigned:	05/20/2015	Date of Injury:	10/01/2003
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old who sustained an industrial injury on 10/01/03. Initial complaints include bilateral wrist pain. Initial diagnoses are not available. Treatments to date include right ankle surgery, medications, left knee surgery, right total knee replacement, and multiple lumbar epidural steroid injections. Diagnostic studies include multiple x-rays and MRIs. Current complaints include right ankle pain. Current diagnoses include equinus deformity foot, degenerative joint ankle/foot, and pain in the limb. In a progress note dated 04/17/15 the treating provider reports the plan of care as a physical therapy to train the posterior tendon, ice, elevations, and an ankle foot orthosis. The requested treatment includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14,15 and page 11.

Decision rationale: Physical therapy 3x6 is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 8 post surgical visits for this condition. The documentation indicates that the patient had to have muscle tendon complex retraining as he had an out of phase tendon transfer. The patient was stated as having no PT post op at time of request. The MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The request is not medically necessary as there is no specification of which body part this is for. Additionally, the request for 18 sessions exceeds the initial trial recommended by the MTUS. The request for physical therapy 3 x 6 is not medically necessary.