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| Case Number: | CM14-0140342 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 06/30/2012 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 48-year-old male who injured his right leg on 6/30/12 when he fell down a ladder. He is diagnosed with pain in the foot/leg/arm/finger, ankle joint pain, and lumbago. The patient sustained a highly comminuted fracture of the right tibial pilon. He underwent closed reduction and placement of spanning external fixator across the right ankle on 6/30/12; open reduction and internal fixation of the right tibial pilon fracture with both anterior and posterior plating on 7/17/12; and right ankle pin removal on 3/27/13. Right ankle x-rays dated 7/22/13 demonstrated a healing tibial fracture. Other treatments included activity restrictions, assistive devices, medications, and physical therapy. The last documented PT visit was on 8/19/13. The patient had reported 50% improvement. Office visit dated 7/8/14 notes the claimant continued to have right ankle pain that radiated up his leg and sometimes into his low back. He had increased low back pain on the right side during the last few days due to his limp. He ambulated with a cane and used a wheelchair. Medications worked and he was able to accomplish all his ADLs. He noted his pain level of 2/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy session: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Treatment in Workers Compensation, Online Edition, Low Back Chapter-Lumbar & Thoracic; Ankle & Foot.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 6 physical therapy sessions recently. The amount of physical therapy since he has had his surgeries is not provided. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed postop. Therefore, the medical necessity of this request is not established.