

Case Number:	CM13-0007908		
Date Assigned:	09/06/2013	Date of Injury:	09/11/2008
Decision Date:	05/20/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/06/2013

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 Orthopedic Surgery and is licensed to practice in California. 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:

The claimant is a 62-year-old gentleman who was injured on September 1, 2008 sustaining injury to the left lower extremity. Clinical records for review indicate chronic ankle pain for which the claimant underwent a March 11, 2013 left ankle subtalar arthrodesis. The claimant was treated with a course of immobilization in the postoperative setting. Clinical followup report dated July 16, 2013 indicated radiographs demonstrated good position of fusion with physical examination showing no wound breakdown, diminished swelling and no acute finding. There was still noted to be generalized weakness. He was advanced to weight-bearing as tolerated with use of a cane and an initial course of formal physical therapy was recommended at that time. At present there is postoperative request for the role of twenty-four sessions of initial physical therapy as well as use of a "recovery sleeve" and a request for continued use of a CAM walker between dates June 18, 2013 and August 29, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 PHYSICAL THERAPY SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Treatment In

Worker's Comp , 18th Edition, 2013 Updates: Ankle Procedure - Arthritis (Arthropathy, Unspecified).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria in regards to postfusion treatment with physical therapy, recommendations would be for up to twenty-four visits over a ten week period of time. Given the initial request of twenty-four visits, the specific recommendation in this case would be supported as the claimant has had no postoperative physical therapy to date. The request is medically necessary

A RECOVERY SLEEVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-- Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure - Compression Garments.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a compression sleeve for the claimant's ankle would not be indicated. At the last clinical assessment, he was noted to be with significantly diminished swelling and was to being a course of formal physical therapy. There would be no indication for the subacute use of a recovery sleeve at timeframe greater than four months from time of claimant's surgical process.

A LATERAL POST FOR CAM WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG--Treatment In Worker's Comp , 18th Edition, 2013 Updates: Ankle Procedure - Immobilization.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of this DME device would not be indicated. Records indicate the claimant has already been utilizing immobilization and previously had a CAM walker. There would be no indication for further immobility device in relationship to the device already obtained by the claimant in this case.