

Case Number:	CM13-0015868		
Date Assigned:	06/06/2014	Date of Injury:	10/16/2012
Decision Date:	07/25/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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 injured worker is a 39-year-old male who reported a slip and fall on 10/16/2012. In the clinical notes dated 11/18/2013, the injured worker was seen for a follow-up examination of his low back, right knee and right ankle. It was annotated that the injured worker stated his pain had remained unchanged. Prior treatments included 16 sessions of physical therapy, surgeries and prescribed medications. The physical examination revealed active range of motion measurements of extension right 180 degrees and left 180 degrees, flexion right 100 degrees, and left 125 degrees. It was noted there was slight right knee swelling and tenderness to the right medial joint ligament with positive external rotation and McMurray's sign. There was no gross ligamentous laxity on manual stress testing but it was annotated there was guarding and poor muscle relaxation. The diagnoses included L4-5, L5-S1 disc protrusions, secondary right lumbar radiculitis, right knee sprain, probable medial meniscus tear, persistent pain and mechanical symptoms to the right knee, internal joint derangement, healed right ankle lateral malleolus fracture and syndesmosis injury, retained syndesmosis screw and ankle internal fixation post open reduction and internal fixation and secondary depression. The treatment plan included the continuation of physical therapy as prescribed, consultation for possible epidural steroid injection recommendation, and it was noted that the injured worker could be a reasonable candidate for surgical treatment for probable right knee meniscus tear, symptomatic retained ankle internal fixation hardware. The medications prescribed were Advil, Celebrex, Tramadol/Acetaminophen, and Tylenol. The request for authorization for post-op physical therapy right ankle was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: In the California MTUS Guidelines for postsurgical treatment, it states that exercise program goals should include strength, flexibility, endurance, coordination, and education. Injured workers can be advised to do early passive range of motion exercises at home by a therapist. The frequency for postoperative fracture of an ankle includes 21 visits over 16 weeks with the treatment period being 6 months. In the clinical notes provided for review, there is a lack of documentation of authorization for the removal of the right ankle internal fixation hardware. There is also a lack of documentation of the physical examination addressing the right ankle. Furthermore, it is also documented that the injured worker had completed 16 sessions of physical therapy but was unable to determine if the sessions were helpful. In addition, the request lacks the frequency and duration of the physical therapy sessions. Therefore, the request for postoperative physical therapy right ankle is not medically necessary.