

Case Number:	CM13-0022884		
Date Assigned:	03/26/2014	Date of Injury:	08/22/2012
Decision Date:	05/02/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 51-year-old male with a 8/22/12 date of injury, and status post right calcaneal Dwyer closing wedge osteotomy with peroneal tendon repair 3/27/13. At the time (8/29/13) of request for authorization for ext post-op physical therapy for right ankle, there is documentation of subjective (slow to progress swelling on the back side of the foot, pain in the posterolateral aspect, feels very tight in the front of the ankle) and objective (slightly tender over the peroneal tendon, slight restriction in dorsiflexion and plantar flexion) findings, current diagnoses (cavus foot), and treatment to date (post-op PT x 16 and activity modification). 8/19/13 PT re-evaluation identified patient is making good progress with increase in ROM, strength, balance, and decrease in swelling and pain levels. There is no documentation of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT POST-OP PHYSICAL THERAPY FOR RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ANKLE AND FOOT, PHYSICAL MEDICINE. OTHER MEDICAL TREATMENT

GUIDELINE OR MEDICAL EVIDENCE: Â§ 9792.24. 3. POSTSURGICAL TREATMENT GUIDELINES; AND TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 3 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of cavus foot. In addition, there is documentation of status post right calcaneal Dwyer closing wedge osteotomy with peroneal tendon repair on 3/27/13 and 16 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is documentation of objective improvement with previous therapy. However, the number of physical therapy visits requested cannot be determined. In addition, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for ext post-op physical therapy for right ankle is not medically necessary.