

Case Number:	CM13-0029918		
Date Assigned:	11/27/2013	Date of Injury:	01/08/2007
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 physician 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.

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 patient, a 61 year old retired police department employee, had a cumulative trauma injury to multiple body parts, with resultant surgeries, including left knee arthroplasty and MUA, and multiple back surgeries. He retired from the police force in 2007 on disability, 1/8/07. The patient's surgeon has requested 12 physical therapy sessions, twice per week for six weeks for the right ankle. He had a right ankle arthroscopy on 1/4/13 for debridement with right lateralizing calcaneal osteotomy, right posterior tibial tendon transfer to the dorsum of the foot, and right lateral ligament reconstruction to help correct foot drop. He has had over 25 visits of therapy as of the request date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT ANKLE, 2 TIMES A WEEK FOR 6 WEEKS (12 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-13.

Decision rationale: If post-surgical 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 post-surgical physical medicine period. Treatment is provided to patients to facilitate postsurgical functional improvement. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. In regards to post-surgical treatment of the ankle and foot, exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of motion exercises at home by a therapist. (Colorado, 2001) (Aldridge, 2004) This RCT (randomized controlled trial) supports early motion (progressing to full weight-bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in surgically treated patients with Achilles tendon ruptures. (Twaddle, 2007) Enthesopathy of ankle and tarsus (ICD9 726.7): Postsurgical treatment: 9 visits over 8 weeks *Postsurgical physical medicine treatment period: 4 months 9/10/13, [REDACTED] notes that he is feeling better in regards to right foot pain, but he had decreased flexibility and strength (still weak on dorsiflexion) in the right ankle and some gait antalgia, and so additional PT was requested. On 4/29/13 the therapist notes that he is doing well with his progressive resistance exercises and was independent with gym exercises. This was the 20th of 30 visits. The patient should be independent with home exercises at this point.