

Case Number:	CM13-0033293		
Date Assigned:	12/06/2013	Date of Injury:	04/29/2011
Decision Date:	02/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Podiatry, 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 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 is a 62-year-old female who reported an injury on 04/29/2011 after falling, which caused a twisting injury to the patient's ankle. This injury failed to resolve with conservative treatments and ultimately resulted in a subtalar fusion. The patient was treated postoperatively with physical therapy of approximately 9 sessions. The patient's most recent clinical examination findings of the left foot/ankle documented diffuse swelling throughout the ankle medially and laterally in combination with diffuse tenderness and range of motion described as 9 degrees in extension and 24 degrees in flexion. The patient's diagnoses included status post left ankle subtalar fusion, lumbar musculoligamentous sprain/strain, right knee sprain/strain, and bilateral wrist/hand tendinitis. The patient's treatment plan included orthotics, acupuncture, and continued postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of post-operative therapy, left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5, Division of Workers' Compensation, Subchapter 1. Administrative Director-Administrative Rules, Article 5.5.2, Medical Treatment Utilization Schedule, and ODG-TWC Ankle and

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

Decision rationale: The Physician Reviewer's decision rationale: The requested continued physical therapy for the postsurgical treatment of the patient's ankle fusion is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has already undergone 9 postsurgical physical therapy treatments. The California Medical Treatment and Utilization Schedule recommends up to 21 postsurgical physical therapy visits. However, the California Medical Treatment and Utilization Schedule recommends continued postsurgical physical therapy as a general course of treatment be based on documentation of functional improvement. The clinical documentation submitted for review does not provide any evidence of functional improvement based on the submitted physical therapy notes. Therefore, continuation of physical therapy would not be supported. As such, the requested Continuation of post-operative therapy, left ankle is not medically necessary or appropriate.