

Case Number:	CM13-0040146		
Date Assigned:	12/20/2013	Date of Injury:	10/29/2008
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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. 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 patient is a 50-year-old female who reported an injury on 10/29/2008 due to hyperextension and knee dislocation that caused a popliteal artery injury. The patient underwent vascular repair that ultimately resulted in compartment syndrome which caused right sided foot drop. The patient underwent additional ankle surgery to include complex reconstruction of the right hindfoot that involved a posterior tibial tendon transfer in the leg to the peroneus brevis tendon, a closing wedge osteotomy to the right heel, fusion of the calcaneal cuboid joint and triple cut Achilles tendon lengthening of the right calf. The patient was treated postsurgically with a soft knee brace, physical therapy, and medications. The patient's most recent clinical evaluation noted that the patient no longer had significant ankle pain after completing 12 physical therapy visits. Physical findings included improved range of motion of the left ankle with continued range of motion deficits of the knee. The patient's diagnoses included a closed foot fracture, nonunion of bone after fusion, chronic tear of the anterior cruciate ligament, chronic tear of the posterior cruciate ligament, and chronic tear of the medial collateral ligament of the knee. The patient's treatment plan included continuation of physical therapy and surgical intervention for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks in treatment of the right ankle and foot, Qty 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The requested additional physical therapy 2 times a week for 3 weeks in treatment of the right ankle and foot is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 21 visits in the postsurgical treatment of an ankle fusion. The clinical documentation submitted for review does provide evidence that the patient has undergone 12 postsurgical physical therapy visits. California Medical Treatment Utilization Schedule recommends a general course of treatment be based on significant functional gains. The clinical documentation submitted for review does not provide objective evidence of significant functional gains as a result of the prior therapy. Therefore, continued therapy cannot be supported. As such, the requested additional physical therapy 2 times a week for 3 weeks in the treatment of the right ankle and foot, quantity 6, is not medically necessary or appropriate.