

Case Number:	CM13-0063462		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2013
Decision Date:	05/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/10/2013

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:

This 34-year-old male carpenter sustained a displaced comminuted intra-articular fracture of the left calcaneus on 6/7/13 when he fell off a roof onto his left heel. He underwent open reduction and internal fixation of the fracture on 6/8/13. Physical therapy was initiated on 7/19/13 with 24 post-op visits certified. The 10/28/13 orthopedic surgeon chart note cited left ankle aching dull pain aggravated by bending, descending stairs, lifting, movement, pushing, and walking. Associated symptoms included decreased mobility, joint tenderness, locking and swelling. Left subtalar and ankle stiffness persists despite physical therapy, injection, anti-inflammatory, shoe modification, and orthotic. The diagnosis was fibrosis of the subtalar joint and ankle impingement syndrome. The treatment plan recommended arthroscopy ablation of scar tissue, pre-op visit, and 24 visits of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP OFFICE VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, Pages 92-93.

Decision rationale: Under consideration is a request for pre-op office visit. The California MTUS guidelines do not address pre-ops office visits. The California Official Medical Fee Schedule indicates that under most circumstances, the immediate pre-operative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. The initial evaluation or consultation is separately reimbursable in addition to the global surgery package when it is the initial visit, or a consultation. Guideline criteria have not been met for a separately reimbursable pre-op visit. The surgeon has been following the patient since the date of injury so the requested visit would not be classified as an initial visit or consultation. Therefore, this request for a pre-op office visit is not medically necessary.

24 SESSIONS OF POST OP PHYSICAL THERAPY: 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: Under consideration is a request for 24 post-operative physical therapy visits. The California Post-Surgical Treatment Guidelines for surgical treatment of enthesopathy of the ankle and tarsus suggest a general course of 9 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 5 visits. 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. The 11/13/13 utilization review recommended partial certification of 5 post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request for 24 post-operative physical therapy visits is non-certified.