

<b>Case Number:</b>	CM14-0008600		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Internal Medicine, has a subspecialty in Occupational/Internal 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:

Patient is an injured worker with right ankle and foot conditions. Date of injury was 01-22-2008. Primary Treating Physician Progress Report (PR-2) October 16, 2013 was reported by [REDACTED]. Subjective: Patient complained of increasing pain to her right foot and ankle. She is status post fusion of the naviculocuneiform joint due to progressive calcaneovalgus flat foot deformity and subsequent removal of retained hardware. She has noticed a gradual increase in her right ankle pain, especially due to her chronic altered gait. Physical examination: Moderate tenderness is noted to the anteromedial ankle, with moderate induration and 1+ edema. Dorsiflexion is limited to 0/10 with an abrupt end range of motion, which is consistent with anterior impingement. There is anterior impingement of the anterior tibial plafond on the dorsal talar spur. She continues to have a solid fusion between the naviculocuneiform articulations, both clinically and by x-ray. Gait Analysis: She walks with a perceptible limp. Her stride is shortened on the right side. She is using orthotics and supportive shoes as an ambulatory aid. Neurologic Exam: There are no palpable or visible fasciculations. Muscular strength in the lower extremities is equal and bilaterally symmetrical. Vibratory sense, proprioception, and pinprick are well-preserved in the lower extremities. Deep tendon reflexes to the knee and ankle are +2/4 and the plantar response is flexor. Diagnostic impression: Status post navicular first cuneiform fusion, secondary to progressive symptomatic calcaneovalgus flat foot deformity, Removal of irritating retained hardware, Anterior impingement lesion with moderate arthrofibrosis of the right ankle. Operative report 10/28/2013 by [REDACTED] documented diagnoses: Posttraumatic arthrofibrosis, synovitis with impingement lesion, right ankle; Dorsal talar spur, right ankle. Procedures performed: Extensive arthroscopic debridement, right ankle; Removal of dorsal talar spur, right ankle. Utilization review was performed 12-26-2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **POST OP PT X12 RIGHT ANKLE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

**Decision rationale:** Primary treating physician progress report (PR-2) 10-16-2013 documented diagnoses: Status post navicular first cuneiform fusion, secondary to progressive symptomatic calcaneovalgus flat foot deformity, Removal of irritating retained hardware, Anterior impingement lesion with moderate arthrofibrosis of the right ankle. Operative report 10-28-2013 by [REDACTED] documented diagnoses: Posttraumatic arthrofibrosis, synovitis with impingement lesion, right ankle; Dorsal talar spur, right ankle. Procedures performed: Extensive arthroscopic debridement, right ankle; Removal of dorsal talar spur, right ankle. Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines for Ankle & Foot presents postsurgical physical medicine recommendations. For ankle sprain, 34 visits of physical therapy are recommended. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Physical Therapy Guidelines for arthritis (arthropathy) post-surgical arthroplasty/fusion of ankle recommends 24 visits. Patient had right ankle surgery 10-28-2013. MTUS and ODG guidelines support the medical necessity of 12 physical therapy visits. Therefore, the request for Post OP PT X12 right ankle is Medically Necessary.