MAXIMUS Federal Services

Case Number:	CM14-0101407		
Date Assigned:	07/30/2014	Date of Injury:	07/29/2011
Decision Date:	09/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 54-year-old male with a reported date of injury on 07/29/2011. The mechanism of injury was not provided within the medical records. The injured worker was diagnosed with L4-5 disc protrusion with improved right L4-5 radicular pain, status post multiple right hip surgeries revision pending, status post 04/17/2014 left foreleg skin graft, and moderate depression. Prior treatment included epidural steroid injections, physical therapy, aqua therapy, and psychotherapy. Diagnostic studies included a left hip x-ray, an MRI of the lumbar spine, an MRI of the cervical spine, a CT of the skull, and a bone density scan. Surgical history included a left revision of a total hip arthroplasty with bone allograft and tendon transfer on 02/04/2013, bilateral hip replacement, gallstone removal, a left foreleg skin graft on 04/17/2014, and right ankle arthroscopy with partial debridement of the subtalar joint. The clinical note dated 04/22/2014 noted the injured worker underwent surgical intervention on 04/17/2014. There was full strength in the bilateral tibialis anterior, toe flexors, and toe extensors. The clinical note dated 06/30/2014 noted there was a healing left anterior thigh skin graft site and the left foreleg wound was healing. Straight leg raising bilaterally at 50 degrees was pain free. Right hip internal rotation was 10 degrees, external rotation was 35 degrees, left hip internal rotation was 15 degrees, and external rotation was 20 degrees and was pain free. The injured worker had full strength in the bilateral iliopsoas, quadriceps, tibialis anterior, toe flexors, and toe extensors. The injured worker's medication regimen included Duragesic, Opana ER, Neurontin, and clonazepam. The physician's treatment plan included recommendations for the injured worker to continue his medications. The requesting physician's rationale for the request was not provided within the medical records. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post- operative physical therapy for 18 visits for right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation official disability guidelines.

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

Decision rationale: The request for additional post- operative physical therapy for 18 visits for right ankle is not medically necessary. The California MTUS Guidelines recommend 8 sessions of physical therapy over 3 months. The guidelines recommend a postoperative treatment period of 6 months. Within the documentation, the requesting physician did not include a recent, adequate, and complete assessment of the injured worker's right ankle. There is a lack of documentation indicating how many sessions of physical therapy the injured worker has completed. There is a lack of documentation demonstrating significant objective functional improvement with the prior therapy. Additionally, the guidelines recommend 8 sessions of physical therapy over 3 months postoperatively. The request for 18 additional sessions would exceed the guideline recommendations. As such, the request for additional post- operative physical therapy for 18 visits for right ankle is not medically necessary.