

Case Number:	CM14-0127598		
Date Assigned:	08/15/2014	Date of Injury:	06/01/2003
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 40-year-old female with a reported injury on 06/01/2003. The mechanism of injury is due to cumulative trauma. The injured worker's diagnoses consisted of post right ankle arthroscopy and right open partial plantar fasciotomy. The injured worker has had a right ankle arthroscopy with synovectomy to the right foot and had application of a cast to her right foot on 10/24/2003. She also had a right ankle arthroscopy and right open partial plantar fasciotomy on 06/06/2014. Additionally, she previously had a right ankle arthroscopy with a synovectomy repair at the right sinus tarsi syndrome on 11/06/2007. The injured worker had a postoperative visit on 07/23/2014 where she reported that her ankle pain was definitely improving. Upon examination she had trace tenderness over the anterior aspect of the ankle, mildly positive Tinel's sign radiating to the 1st dorsal web space, and moderate tenderness on the heel scar. The medications included Percocet and Voltaren gel. The recommended plan of treatment was for her to have physical therapy for range of motion. The Request for Authorization was signed and dated for 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop physical therapy for the right ankle 2-3 times a week for 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,14.

Decision rationale: The request for physical therapy to the right ankle 2 to 3 times a week for 16 weeks postop is not medically necessary. The California MTUS Guidelines recommend the initial course of therapy for postoperatively means one half of the number of visits specified in the general course of therapy. The Guidelines recommend for the ankle and the foot for there to be exercise program goals to include strength, flexibility, endurance, coordination and education. There was a lack of documentation and evidence of goals to include strength, flexibility, endurance, coordination, and education. The guidelines recommend for 8 visits, over 3 months and half of that would be up to 4 visits. The request for 12-18 visits exceeds the recommended number of visits without further evaluation and assessment. The clinical information fails to meet the evidence-base guidelines for the request. Therefore, the request for postop physical therapy to the right ankle 2 to 3 times a week for 16 weeks is not medically necessary.