

Case Number:	CM14-0164642		
Date Assigned:	10/09/2014	Date of Injury:	02/12/2014
Decision Date:	12/04/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgeon & Pain Medicine and is licensed to practice in Virginia and 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 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 51-year-old female who reported an injury on 02/12/2014. The mechanism of injury was a slip and fall. The diagnoses included osteochondral lesion, talar dome right ankle, chondromalacia patella right knee, status post arthroscopic surgery of the left ankle, post-traumatic stress syndrome, sleep disorder, stomach pain from taking non-steroidal anti-inflammatory medications. The previous treatments included medication, 6 sessions of physical therapy, an MRI of the right knee dated 05/14/2014; an MRI of the ankle dated 04/25/2014, and left ankle surgery 03/2012. Within the clinical note dated 08/16/2014, it was reported the injured worker complained of right ankle, knee, and hip pain. She complained of left ankle pain. She complained of stress and anxiety. Upon the physical examination, the provider noted the range of motion of the cervical spine was noted to be flexion 50 degrees and extension 50 degrees. The provider noted the injured worker had medial joint line tenderness of the right knee. McMurray's test was painful. There was tenderness over the retinaculum of the patella. The provider noted there was tenderness over the anterior talofibular ligament of the right ankle. The provider recommended the injured worker to undergo arthroscopic surgery for the right ankle with debridement and possible microfracture right talar dome. A request was submitted for postop physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy x 18 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Procedure Summary

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

Decision rationale: The request for post-operative Physical Therapy x 18 visits is not medically necessary. The Postsurgical Treatment Guidelines note initial course of therapy means 1 half of the number of visits specified in a general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The guidelines note postsurgical treatment includes 21 visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. There is lack of documentation indicating the injured worker had undergone the recommended surgery warranting the medical necessity for the request. Additionally, the request submitted failed to provide the treatment site. The number of sessions requested exceeds the guideline recommendations of half the initial therapy. Therefore, the request is not medically necessary.