

Case Number:	CM14-0172471		
Date Assigned:	10/23/2014	Date of Injury:	11/29/2012
Decision Date:	12/02/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/17/2014

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 and is licensed to practice in Texas, Ohio, and Tennessee. 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 52-year-old female with a reported date of injury on 11/29/2012. The mechanism of injury was not provided. Her diagnoses included orthopedic aftercare and ankle enthesopathy. Previous treatment includes Dwyer osteotomy of right calcaneus. Previous treatments also include physical therapy, the use of a brace, rolling knee scooter, TED hose, and activity modification. Diagnostic studies included an MRI of the right ankle dated 05/06/2014 which was noted to reveal a complete tear of the peroneus longus tendon at the level of the cuboid groove. There was a background of severe tendinosis, with thickening of the peroneal tendon extending to the distal fibula. The Achilles tendon was noted to be normal, as well as the anterior tendons. There was abnormal bone marrow edema with stress changes at the bases of the third and fourth metatarsals, likely related to an abduction deformity. X-rays of the right ankle dated 09/26/2014 revealed no sign of any bony osteotomy, as well as intact hardware. Current medications were noted to include ibuprofen. The clinical note, dated 09/26/2014, indicates the patient has completed 4 physical therapy sessions, and has returned back to work. The treatment plan includes ibuprofen 600 mg tablets were prescribed, side effects were discussed and appropriate instructions were provided. A course of physical therapy was recommended. The Request for Authorization for physical therapy for the right ankle #8 was submitted on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right ankle x8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

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

Decision rationale: The California MTUS Postsurgical Guidelines state that postsurgical treatment for enthesopathy of ankle and tarsus is 9 visits over 8 weeks. The clinical information provided for review indicates the patient has previously participated in 4 physical therapy visits. There is a lack of documentation related to therapeutic functional benefit in the previous physical therapy. In addition, there is a lack of documentation related to the functional deficits to be addressed in the continued physical therapy. Furthermore, the addition of 8 physical therapy visits exceeds the recommended guidelines. When treatment duration and/or number of visits exceeds the recommended guidelines, exceptional factors should be noted. As such, the request for Physical therapy of the right ankle #8 is not medically necessary.