

Case Number:	CM14-0172794		
Date Assigned:	10/23/2014	Date of Injury:	01/09/2012
Decision Date:	12/17/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 has a subspecialty in: Pain Medicine 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 had an original date of injury of January 9, 2012. The worker is a 62-year-old male with a diagnosis of chronic ankle pain and complex regional pain syndrome. The patient has had extensive surgery of the left foot including a subtalar joint fusion and arthroscopic debridement with microfracture of the talar dome for an osteochondral lesion. The disputed request is for all sessions of physical therapy for the left foot and ankle. A utilization review determination on October 10, 2014 had noncertified this request. The stated rationale for this denial was that there was no documentation as to how many previous sessions of physical therapy this worker had, and the outcome of previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits left foot/ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 5-6.

Decision rationale: The California Code of Regulations Section 9792.20 on pages 12-14 describes guidelines for post-operative physical therapy in ankle and foot disorders as excerpted

below: Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a therapist. In the case of this injured worker, the guidelines for post-operative physical therapy are referenced. The patient has undergone left ankle surgery with subtalar fusion. The date of the surgery was 7/7/14, and it is the surgeon who is requesting the PT. According to the guidelines, a course of 21 visits of physical therapy is recommended for arthrodesis. Since the patient has not had this therapy according to the submitted documentation, this request is medically necessary.