

Case Number:	CM14-0174114		
Date Assigned:	10/28/2014	Date of Injury:	11/12/2013
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopaedic Surgery and is licensed to practice in 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 40 year old male with a date of injury on 11/12/2013. He was employed as a gardener at the time of injury. The right knee and ankle injuries occurred when he slipped and fell in a drainage canal, twisting his right foot. The 12/9/13 right knee magnetic resonance imaging revealed a lateral meniscus tear, mild chondromalacia patella, and trace effusion. He underwent right knee diagnostic and operative arthroscopy with subtotal lateral meniscectomy, chondroplasty of the lateral tibial plateau, and chondroplasty of the lateral femoral condyle on 4/2/14. The 4/21/14 right ankle magnetic resonance imaging conclusion documented a focal longitudinal tear of the peroneus brevis tendon at the level of the distal fibula, and a small anterior marginal osteophyte distal tibia. The 9/10/14 treating physician report cited persistent right ankle complaints. The physical exam documented tenderness to palpation over the anterior joint line and peroneal at and distal to the distal fibula. The range of motion demonstrated dorsiflexion of 12, plantar flexion of 45, inversion of 30, and eversion of 20 degrees with 5/5 strength. There was pain with resisted eversion and passive dorsiflexion. There was a popping sensation with discomfort with circumduction. There were no signs of instability. The diagnosis was right ankle impingement with peroneus brevis tear. The treating physician reported that the injured worker had completed a thorough course of conservative treatment for the ankle including medications, bracing, and physical therapy. The treatment plan recommended right ankle arthroscopy with debridement of the anterior joint spur and repair of the peroneus brevis tendon. Physical therapy 1x8 was reported for initial post-operative rehabilitation. The 10/8/14 utilization review modified the request for physical therapy 1x8 to 1x4 consistent with the Post-Surgical Treatment Guidelines for initial care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy once per week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 114.

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

Decision rationale: The Post-Surgical Treatment Guidelines for peroneal tendon repair suggest a general course of 8 post-operative visits over 3 months during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period. The 10/08/14 utilization review recommended partial certification of 4 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care beyond guideline recommendations and the current initial certification. Therefore, this request is not medically necessary.