

Case Number:	CM14-0025776		
Date Assigned:	06/13/2014	Date of Injury:	10/31/2012
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old male who had a date of work injury is 10/31/12. The diagnoses is medial meniscal tear, left knee.2. Anterior talofibular ligament tear, right ankle, with instability. Under consideration is a request for post operative physical therapy 3 x 4. There is a 1/27/14 primary treating physician progress report that states that the patient has a painful condition about the left knee and right ankle. On physical exam the left knee has tenderness along the medial joint line, McMurray test elicits pain in the medial compartment. Moderate effusion is noted. Right ankle has tenderness about the anterior talofibular ligament. Varus stress opening is noted. Anterior drawer test is positive. MRI scan of the right ankle demonstrates an anterior talofibular ligament tear. The diagnoses is medial meniscal tear, left knee, anterior talofibular ligament tear, right ankle, with instability. The treatment plan includes a request for authorization for open repair of the anterior talofibular ligament, right ankle, with cold machine through Team Post-Op, crutches, and physical therapy with ultrasound, massage, and therapeutic exercises, 3x/week x 4 weeks, postoperatively. Two months later, arthroscopic surgery to the left knee and a prescription was written for Motrin and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY THREE (3) TIMES FOUR (4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Post operative physical therapy 3 x 4 is not medically necessary per the MTUS Post surgical Guidelines. Per documentation the requested open repair of the talofibular ligament surgery on the right ankle is not considered medically necessary therefore the request for post operative physical therapy 3 x 4 is not medically necessary.