

Case Number:	CM14-0029535		
Date Assigned:	06/16/2014	Date of Injury:	02/08/2012
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 Orthopaedic Surgery 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:

This 28-year-old male suffered a catastrophic industrial injury on 2/8/12. The diagnoses included closed head injury with loss of consciousness, mild traumatic brain injury, post-concussion syndrome, adjustment disorder, sleep disorder, severe left brachial plexopathy, C2 vertebral fracture and C1-2 ligamentous injury, status post cervical fusion (4/10/12) left axillary artery transection, status post stent (2/8/12), status post open reduction and internal fixation left clavicle fracture (2/9/12), left ribs 5-7 fractures, status post open reduction and internal fixation left ankle syndesmosis fracture (2/9/12), resolved pulmonary and cardiac contusions, resolved lacerations left jaw and occiput, and left knee anterior and posterior cruciate ligament tears, rupture of lateral collateral ligament, and tears to the medial and lateral menisci. He underwent left knee debridement, anterior cruciate ligament reconstruction and lateral meniscectomy on 5/13/13. A left ankle arthroscopy with syndesmosis repair, hardware removal, and tendo-Achilles lengthening was performed on 8/21/13. Records documented pre-operative left calf atrophy. The patient was cleared for physical therapy and weight bearing in a walking boot on 10/8/13. The 12/30/13 physical therapy progress note documented completion of 12 post-operative visits for the left ankle with residual loss of motion, motor function and pain associated with surgery. The 1/31/14 physical therapy report cited ambulation without much difficulty. Physical exam findings documented dorsiflexion 10 degrees with good strength, plantar flexion strength 3+/5 and inversion/eversion strength 4/5. The treatment plan was to continue therapy for strengthening, gait training, and functional rehabilitation. The 2/7/14 utilization review partially certified the 1/31/14 request for additional physical therapy visits for the left ankle to 2 visits, based on no clear indication of the number of visits for the ankle, progress to date, remaining deficits, and exceptional compounding injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWEEKX6WEEKS LEFT ANKLE: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical therapy.

Decision rationale: Under consideration is a request for progress report 2 times per week for 6 weeks for the left ankle. The California MTUS Post-Surgical Treatment Guidelines for relevant ankle surgeries suggest a general course of 21-48 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. 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 postsurgical physical medicine period. The post-surgical period would have extended to 2/21/14. Additionally, the Official Disability Guidelines support 16 to 52 visits for abnormality of gait. Guideline criteria have been met. This patient presents with residual strength deficits and 50% loss of dorsiflexion. Gait training and functional rehabilitation have been recommended. The 2/7/4 utilization review recommended partial certification of 2 visits. The neuropsychologist has recommended additional supervised physical therapy; the cognitive ability for this patient to make additional gains in an independent home exercise program is not established. Therefore, this request for physical therapy 2 times per week for 6 weeks for the left ankle is medically necessary.