

Case Number:	CM14-0031144		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2013
Decision Date:	07/31/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 35-year-old female sustained an industrial injury on 6/15/13. The injury occurred when she stepped on a rock and fell, twisting her left ankle/foot. She was diagnosed with left ankle/foot sprain and left knee contusion. The 9/25/13 left ankle MRI impression documented focal edema over the medial midfoot presumably representing navicular contusion, mild tenosynovitis to the posterior tibial (PT) tendon and flexor digitorum tendon sheaths, and no evidence of ligamentous rupture. The 1/28/14 treating physician report documented continued left ankle pain and weakness that had failed to improve with immobilization, orthotics, Medrol dosepak, and anti-inflammatories. Physical exam findings documented pain at the insertion of the PT tendon and gastrocnemius equinus, inability to perform a single heel raise, and excessive mid-stance pronation in gait. The treatment plan requested a left Kidner procedure, endoscopic gastrocnemius tendon recession, and possible flexor digitorum longus tendon transfer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy X 18 visits: Upheld

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of ankle sprain suggest a general course of 34 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 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 postsurgical physical medicine period. There is no compelling reason submitted to support the medical necessity of additional care beyond guideline recommendations. Therefore, this request for 18 post-operative physical therapy visits is not medically necessary.