

Case Number:	CM14-0045620		
Date Assigned:	07/02/2014	Date of Injury:	08/21/2012
Decision Date:	08/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/02/2014

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 48-year-old sustained an industrial injury on 8/21/12. Injury occurred when she was walking down stairs and fell on the last step. The 2/25/14 treating physician report documented 2 or 3 days of complete relief with a cortisone injection. The diagnosis was avulsion fracture of the lateral process of the talus and evidence of peroneal tendon tear. Left ankle video arthroscopy with debridement was recommended. The 3/7/14 utilization review certified the surgical request and modified the request for 12 post-op physical therapy visits for the left ankle to four initial visits, consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative physical therapy visits for the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14.

Decision rationale: Under consideration is a request for 24 post-operative physical therapy visits. The California Post-Surgical Treatment Guidelines for surgical treatment of peroneal tendon repair and anterior/posterior tibial tendonitis suggest a general course of eight 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 four 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. The 3/7/14 utilization review recommended partial certification of four post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request for 12 post-operative physical therapy visits is not medically necessary.