

Case Number:	CM14-0048954		
Date Assigned:	06/25/2014	Date of Injury:	08/30/2000
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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, and has a subspecialty in Interventional Spine 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:

The patient is a 57-year-old male with a date of injury of 08/30/2000. The listed diagnoses per [REDACTED] are peroneal tendinitis and Painful hardware. According to report on 03/03/2014 by [REDACTED], the patient complains of persistent lateral foot and ankle pain with reported swelling over the plated screws from a previous calcaneocuboid fusion. The patient also notes pain over the peroneal tendons, sinus tarsal, and subtalar joint regions. Examination revealed neutral foot alignment while standing, ambulation with antalgic gait on the left, and reduced left ankle range of motion. The previous fusion site was reported to be tender. An x-ray from 01/20/2014 of the calcaneocuboid fusion site revealed radiolucency. However, internal fixation was intact with no breakage. It was noted the patient has trialed physical therapy, corticosteroid injection, and medication. Request for authorization from 03/11/2013 requested removal hardware of the left ankle, exploration debridement peroneus and brevis tendon, possible peroneus longus to brevis tendon transfer, and postop physical therapy for 2 times a week for 6 weeks. Utilization review approved the request for surgery and modified certification for postop physical therapy from 12 sessions to 6 sessions on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request: Physical Therapy for twelve (12) postoperative physical therapy sessions between 3/3/2014 and 5/10/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot.

Decision rationale: This patient presents with persistent lateral foot and ankle pain with reported swelling in the area of previous surgery. The provider has recommended hardware removal, exploration, synovectomy, and debridement of the peroneus tendon with possible peroneus longus to brevis tendon transfer. The provider also requested 12 postoperative physical therapy sessions. Utilization review from 03/14/2014 approved the request for surgery and modified certification for postop therapy from 12 sessions to 6 sessions. For peroneal tendon repair, The California MTUS post surgical guideline recommends 8 visits over 3 months. In this case, the providers request for 12 sessions exceeds what is recommended by the California MTUS. Therefore, the request is not medically necessary.