

Case Number:	CM14-0053385		
Date Assigned:	07/07/2014	Date of Injury:	07/29/2011
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 44-year-old male police officer sustained an industrial injury on 7/29/11. Onset of right ankle pain was reported while walking. Past surgical history was positive for repair of a right peroneal tendon tear. The patient underwent a surgical repair to the sural nerve in August 2011, and a nerve resection and muscle implantation of the nerve in March 2013. The patient underwent right ankle arthroscopy with partial debridement of the subtalar joint on 12/23/13. A request for 18 post-operative physical therapy sessions was submitted on 3/27/14 with no prior post-op therapy noted. The 4/3/14 utilization review modified the request for 18 post-operative physical therapy visits to 9 visits consistent with postsurgical treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post operative physical therapy to the right ankle for 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of enthesopathy of the ankle and tarsus suggest a general course of 9 post-operative visits over 8 weeks during the 4-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. Guideline criteria have been met to support initial post-operative care. The 4/3/14 utilization review modified the request for 18 visits to 9 consistent with the guideline recommendations for the general course of care. There is no evidence to support the medical necessity of additional treatment for initial care beyond guideline recommendations and the care already certified. Therefore, this request for out-patient post-operative physical therapy to the right ankle for 18 sessions is not medically necessary.