

Case Number:	CM14-0066991		
Date Assigned:	07/11/2014	Date of Injury:	01/14/2013
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 40-year-old male groundskeeper/gardener sustained an industrial injury on 1/14/13. Injury occurred when he ducked under a corral rail and fell to the ground. He sustained an avulsion fracture of the left calcaneus with Achilles disruption. The patient underwent reconstruction of the left Achilles tendon with a flexor hallucis tendon transfer on 9/18/13 with 24 post-op physical therapy visits certified. The 2/19/14 orthopedic report indicated the patient had completed his ankle therapy and was no longer using his ankle foot orthosis. The lumbar exam documented slight antalgic gait, lumbar paravertebral muscle tenderness, marked loss of lumbar flexion, mild loss of other lumbar motions with increased pain, and negative nerve tension signs. There was patchy decreased sensation in the bilateral lower extremities, most notably in the L5 distribution. Right knee exam documented medial joint line tenderness and negative McMurray's. Left knee exam documented medial and lateral joint line tenderness and pain with McMurray's maneuver. Bilateral knee range of motion was 0-120 degrees. There was bilateral moderate patellofemoral irritability with satisfactory patella excursion and tracking. Right ankle exam documented tenderness over the distal Achilles tendon insertion without palpable defects. Left ankle exam documented mild incisional tenderness with no signs of infection. Bilateral ankle range of motion was limited and strength was 4/5 globally. The diagnosis was bilateral ankle strain, complete left Achilles tendon tear, bilateral knee meniscal tear per 1/22/14 MRIs, and lumbar muscle strain with radicular syndrome and disc protrusions L1-S1. The treatment plan requested a regime of physiotherapy with passive modalities for a trial of 6 sessions. Records indicated that the patient attended physical therapy for his lumbar spine and bilateral knees in March 2014. The 3/26/14 treating physician exam findings were unchanged from 2/19/14. The patient was to continue post-operative care for the ankle and his physiotherapy regime for the lumbar spine, bilateral knees, and bilateral ankles. The 4/23/14 utilization review

denied the request for continued physical therapy as the patient had completed at least 24 physical therapy visits with limited evidence of significant objective and functional improvement. The medical necessity of additional therapy beyond a home exercise program was not established. The request for continued post-operative care with the orthopedic surgeon was modified and certified for one visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical therapy 2x6 for the lumbar spine, bilateral ankles and bilateral knees:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. Passive treatment modalities can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guidelines generally recommend a 6 visit trial to assess functional benefit. Guideline criteria have not been met. The current treatment request is for passive modalities, there is no evidence of active therapy. There is no evidence of functional benefit to physical therapy provided since 2/19/14 to support the medical necessity of additional supervised therapy over a home exercise program. There is no current functional assessment, specific functional deficit, or functional treatment goal identified to be addressed by continued physical therapy. Therefore, this request is not medically necessary.

Continued Post op care with Ortho Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Office visits.

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guideline criteria have been met. A routine follow-up orthopedic office visit during the post-op period is consistent with guidelines. The

patient underwent left Achilles reconstruction on 9/18/13 with completion of post-op physical therapy and good surgical outcome documented. The 4/23/14 utilization review modified the request for continued post-operative care with the orthopedic surgeon and certified one visit. The medical necessity of on-going care with the orthopedic surgeon relative to the ankle is not established beyond the care currently approved. Therefore, this request is not medically necessary.