

Case Number:	CM14-0069619		
Date Assigned:	07/14/2014	Date of Injury:	11/16/2010
Decision Date:	08/21/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 61-year-old female sustained an industrial injury on 11/16/10, relative to a slip and fall. The patient underwent right foot arthrodesis, mid-tarsal or tarsal-metatarsal, and hardware removal deep implant right foot, with revision midfoot fusion with autograft on 1/22/14. Post-operative physical therapy was reported for 16 sessions to date. The 4/29/14 treating physician report cited continued pain along the medial aspect of the right knee and foot sensitivity. Knee pain began after walking in the CAM boot. The patient was using regular shoes. Right foot exam documented intact motor function and sensation, and improving hallux sensation. There was tenderness involving the medial knee anserine bursa. A steroid injection was provided to the right anserine bursa. The treatment plan recommended additional physical therapy for 1 to 2 times per week for 8 weeks. The 5/7/14 utilization review modified the request for 16 additional physical therapy visits to 5 additional visits consistent with the recommended general course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional post-operative physical therapy two times a week for eight weeks for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Physical therapy 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 foot/ankle arthrodesis suggest a general course of 21 post-operative visits over 16 weeks during the 6-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. The 5/7/14 utilization review recommended partial certification of 5 additional post-operative physical therapy visits consistent with general course of treatment. There is no compelling reason submitted to support the medical necessity of care beyond the general course of recommended treatment at this time. Therefore, this request for outpatient additional post-operative physical therapy two times a week for eight weeks for the right foot is not medically necessary.