

Case Number:	CM14-0087798		
Date Assigned:	09/10/2014	Date of Injury:	03/31/2009
Decision Date:	12/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 37-year-old male custody assistant sustained an industrial injury on 3/31/09. He sustained an inversion injury to the right ankle. The patient underwent right ankle open lateral arthrotomy, synovectomy, debridement with anterolateral impingement, and modified Brostrom procedure with anterolateral ligament repair on 11/30/12. Records indicated the patient had completed 36 post-op physical therapy sessions making slow and steady progress. The progress reports as of 1/30/14 indicated the patient was at 90% on the treadmill. The 5/16/13 ultrasound study revealed right tibiotalar arthritic changes and osteochondral defect of the talar dome. The 5/1/14 treating physician report cited continued right ankle weakness. He was able to run about 90% on the zero gravity treadmill but then physical therapy was denied. Physical exam documented well-healed lateral incision, stable drawer testing, and bilateral pes planus. Range of motion testing was unchanged with plantar flexion 24, dorsiflexion 16, inversion 18, and eversion 5 degrees. The treating physician documented secondary sequelae of right ankle instability, early chondromalacia, and mild arthritic changes to the tibiotalar joint. The treatment plan recommended additional physical therapy 2x4 for 8 sessions. He required full functional use of the right ankle in his work dealing with inmates. The treatment plan also recommended lightweight gear and bilateral custom foot orthotics. He was to continue with his home program including icing, anti-inflammatories, and self-directed stretching and strengthening exercises. The patient was released to modified work with no running, jumping or inmate contact. The 5/12/14 utilization review denied the request for additional post-op physical therapy as the patient had exceeded guidelines recommendations for care and was expected to be well-versed in a home exercise program to address the residual deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4, right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9-98-99.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient has reportedly completed 36 post-op physical therapy visits with slow and steady progress. There were residual functional limitations reported in running but the patient's running ability has been static at 90% since 1/30/14. There was no compelling reason to support the medical necessity of continued post-op therapy over 18 months after surgery. There was no rationale to support the medical necessity of additional supervised therapy over an independent home exercise program to achieve residual rehabilitation goals. Therefore, this request is not medically necessary.