

Case Number:	CM14-0090843		
Date Assigned:	07/25/2014	Date of Injury:	03/23/2013
Decision Date:	10/07/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old female with a work injury dated 3/23/13 to her low back and right ankle. The diagnoses include status post microdiscectomy at L5-S1 on the right (1/6/14); mild left-sided disc bulging at L4-L5 associated with mild central stenosis; left ankle sprain. Under consideration is a request for post op physical therapy two times a week for four weeks left ankle. There is a primary treating physician report dated 4/29/14 that states that the patient ambulates with a slight limp on the right. She is able to stand on her toes and heels without difficulty. Lower extremity strength is 5/5 bilaterally except in the right EHL which is +4/5. Sensation is diminished to pinprick over the dorsolateral aspect of the right foot. Straight leg raise test is negative bilaterally seated at 90 degrees. Patellar reflexes are +2 and equal bilaterally. Achilles reflexes are +1 and equal bilaterally. Lumbar range of motion was not assessed due to the recent surgery. Lumbar incision is healing well with no erythema or exudate present. The treatment plan states that she is a candidate for post-operative land-based physical therapy. The patient will return follow up with an ortho for her ankle for possible surgery will participate in a physical therapy program once it surgery is authorized. A 4/1/14 document states that her left ankle pain continues to vary up to a 5-6/10 when walking. She has no left ankle pain at rest as of April 1, 2014. She has completed 12 physical therapy sessions with benefit. The patient states that she wore a walking boot for 3 weeks and a Scott Ankle support for 3 weeks. She underwent MRI of her left ankle in 2013. She had an evaluation to see a physician for her ankle. He has recommended left ankle arthroscopic surgery, but not until her spine surgery has healed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy two times a week for four weeks for the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post-operative physical therapy two times a week for four weeks for the left ankle is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation does not indicate that the surgery for the ankle was authorized; therefore the therapy is not medically necessary at this point. The request for post-operative physical therapy two times a week for four weeks for the left ankle is not medically necessary.