MAXIMUS Federal Services

Case Number:	CM14-0092390		
Date Assigned:	07/25/2014	Date of Injury:	06/04/2001
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 Texas. 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 50-year-old male sustained an industrial injury on 6/4/01. Injury occurred when his foot got caught and he fell off a trailer. Past surgical history was positive for right ankle arthroscopy with partial synovectomy on 12/17/01, right ankle medial osteotomy and drilling of tibial osteochondral defect on 8/12/02, right ankle medial malleolus osteotomy with removal of implant and repair of nonunion of the talus with allograft on 6/3/05, right ankle repair with flexor digitorum longus tendon graft on 6/14/06, and right ankle hardware removal on 9/12/07. The 5/10/13 right ankle MRI impression documented apparent osseous incorporation of the medial talar dome graft with no significant joint effusion and a congruous articular surface. There was subchondral cystic formation of the opposing medial tibial plafond. There was posterior tibialis tendinosis or postsurgical change and tendinosis or focal artifactual enlargement of the extensor digitorum tendon. The patient underwent right ankle arthroscopy with extensive debridement and curettage of osteochondral lesions on 9/17/13. The 4/14/14 treating physician report documented a slip and fall 4 weeks prior with fracture of the right 4th toe. He complained of right ankle pain and low back pain. Physical exam documented tenderness over the posteromedial and anterior ankle with mild to moderate tenderness at the base of the 4th toe. The 5/5/14 lumbar MRI documented multilevel mild degenerative changes, most noticeable at L4/5 with subtle encroachment of the right exiting nerve roots. The 5/28/14 treating physician report cited intermittent right ankle instability. Ankle pain was unchanged and toe pain had resolved. The patient had on-going lumbar spine and radicular issues with numbness in the right leg. Physical exam documented right ankle tenderness, smooth range of motion, normal alignment and negative drawer sign. The diagnosis was chronic ankle and lower back pain. The treatment plan recommended continued physical therapy for ankle strengthening. The 6/11/14 utilization review denied the request for additional physical therapy as there was no documentation to support the

medical necessity of additional supervised physical therapy over a home exercise program. The 7/10/14 treating physician report cited severe right ankle pain and numbness with giving way. Physical exam documented medial and lateral ankle tenderness and pain with range of motion. The diagnosis was chronic right ankle sprain and arthrofibrosis. The patient was given a lace-up ankle brace and cane. The treatment plan recommended follow-up in 6 weeks for new standing x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Outpatient Physical Therapy to the right ankle 2-3 x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-https://www.acoempracguides.org/Ankle and foot; Table 2, Summary Of Recommendations, Ankle and Foot Disorders.

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. The 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. There is no compelling reason presented to support the medical necessity of additional supervised physical therapy over an independent home exercise program for the purposes of strengthening. The patient is status post six ankle surgeries and multiple episodes of physical therapy and should be fully versed in home exercise. Therefore, this request for 12 Additional Outpatient Physical Therapy visits to the Right Ankle (2-3 x 4 weeks) are not medically necessary.