

Case Number:	CM14-0096384		
Date Assigned:	07/28/2014	Date of Injury:	01/28/2010
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 Pennsylvania. 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 claimant is a 45 year old female who was injured on 01/28/10. The clinical records provided for review include the 06/02/14 progress report noting continued pain in the ankle. Examination showed negative anterior drawer testing, diffuse swelling, positive Tinel's testing over the anterior, lateral and peroneal nerve. Plain film radiographs documented that the ankle mortise was intact. Records reveal that the claimant has had chronic complaints of pain in the ankle dating back to the time of injury when she slipped on a box. The claimant subsequently underwent right ankle arthroscopy with debridement on 09/30/13. Post-operative treatment has included greater than eighteen sessions of physical therapy, immobilization, home exercises and medication management. This is a current request for twelve additional sessions of physical therapy, as well as a right ankle arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post-Surgical Rehabilitative Guidelines would not support the role of further physical therapy. The Post-Surgical Guidelines recommend up to nine post-operative physical therapy sessions over eight week period. This individual is now greater than eight months following the time of surgery having already undergone eighteen sessions of physical therapy to date. The amount of therapy provided to the claimant exceeds the standard treatment recommendation. The medical records do not indicate that the claimant's condition would be an exception to the standard treatment. Therefore, the need for twelve additional sessions of physical therapy at this sub-acute stage in post-operative course of care would not be supported, thus the request is not medically necessary.

Right ankle MR arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: California ACOEM Guidelines would not support the request for a right ankle arthrogram. This individual underwent a surgical debridement in September 2013 and has does not have any acute clinical findings on examination or indication in a change in clinical condition that would support further imaging testing. The recent plain film radiographs demonstrated no acute abnormality. Given the claimant's surgical findings and unchanged post-operative complaints, the request in this case would not be indicated, therefore, the request is not medically necessary.