

Case Number:	CM14-0150532		
Date Assigned:	09/18/2014	Date of Injury:	07/19/2012
Decision Date:	08/21/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker was a 57 year old female, who sustained an industrial injury, July 19, 2012. The injured worker previously received the following treatments left ankle and foot MRI, left ankle, random toxicology laboratory studies which were negative for any unexpected findings and foot surgery on January 31, 2014. The injured worker was diagnosed with planter fascia release of the left foot, MRI confirmed planer fascial, tear of the lateral ligament, tear of the post tibial tendon and osteochondritis dissecans of the left ankle, sprain/strain of the left ankle and foot, painful gait, status post arthroscopic surgery of the left ankle and status post planter fascial release of the left foot, degenerative joint disease of the left ankle and painful gait. According to progress note of August 19, 2014, the injured worker's chief complaint was left ankle and left foot pain. The injured worker had associated symptoms of swelling of the left ankle and foot. The injured worker was having difficulty with ambulation, weight-bearing and does have symptomatic pain. The injured worker had difficulty with prolonged heel o tote gait. The physical exam noted normal hair growth and pedal pulses to the lower extremities. There was a well healed surgical incision to the left ankle secondary to surgery. The range of motion to the left ankle was dorsiflexion of 20 degrees, planter flexion of 25 degrees, inversion of 15 degrees and eversion of 10 degrees. The injured worker had no physical therapy. The treatment plan included a request for physical therapy for the left ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left ankle and foot, 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines Page(s): 13 and 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (updated 07/29/14), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in July 2012. She underwent a plantar fascia release in July 2013 and arthroscopic left ankle surgery with debridement and partial synovectomy in July 2014. When seen, she had ongoing left ankle and foot swelling. She had not had physical therapy. She was having difficulty weight-bearing. Physical examination findings included ankle swelling with poor gait and decreased range of motion. Authorization for 18 sessions of physical therapy was requested. Guidelines recommend up to 9 physical therapy visits over 8 weeks following the surgery that was performed. In this case, the number of requested treatments is in excess of that recommendation or what might be needed establish an effective home exercise program. Providing skilled physical therapy services in excess of that recommended could promote dependence on therapy provided treatments. The request was not medically necessary.