

Case Number:	CM14-0186494		
Date Assigned:	11/14/2014	Date of Injury:	04/11/2014
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Minnesota. 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 is a 38 year old male who sustained an injury on 04/11/2014 while going down the stairs. The right ankle gave out and in the process of balancing the left ankle was also injured. The initial examination revealed bilateral ankle pain, more on the left, with inability to bear weight. X-rays were negative for fractures. Physical exam noted limited range of motion, tenderness to palpation and swelling on the lateral aspect. He was diagnosed with sprain/strain bilateral ankles and bilateral foot pain. The patient used an ankle brace. A follow up visit dated 04/21/2014 noted little improvement with pending request for physical therapy. Physician note dated 06/17/2014 reported persisting left ankle effusion and the patient continued with modified work duties. Supporting documentation showed the patient attending multiple physical therapy sessions from 05/06/2014 through 05/19/2014 with the plan of care involving gait training, heat/cold treatment, manual therapy, functional activities, therapeutic exercise and ultrasound. An MRI scan of the left ankle performed on 08/07/2014 revealed chronic appearing partial tear of the peroneus brevis tendon and mild diffuse soft tissue swelling. The medial as well as lateral ligaments were all intact. A request for bilateral lateral ankle ligament reconstruction was non-certified by utilization review as there were no supporting stress x-rays documenting medical necessity of the requested surgical procedures. A request for physical therapy 12 visits to bilateral ankles submitted 10/10/2014 was non-certified by utilization review as post-operative physical therapy cannot be certified if the surgery is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 1 x 12 visits bilateral ankles: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13, 10, 11.

Decision rationale: The post-surgical treatment for ankle sprain is 34 visits over 16 weeks. The initial course of therapy is 17 visits. The post-surgical physical medicine treatment period is 6 months. Although the request for physical therapy as stated is not clear if it pertains to post-operative physical therapy, a request for bilateral lateral ankle reconstructions was also received. The requested surgery was deemed not medically necessary as there were no supporting imaging studies such as stress x-rays per guidelines demonstrating the medical necessity of the requested procedure. The injured worker tried physical therapy last May without evidence of objective functional improvement. The request as stated is for 12 physical therapy visits for both ankles which is within the post-surgical physical therapy guidelines. However, the surgery was deemed not medically necessary and so the request for post-operative physical therapy is also not medically necessary.