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| Case Number: | CM14-0193218 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 11/29/2012 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 52 year old female with an injury date of 11/29/12. Based on the 08/20/14 progress report, the patient is "9 weeks s/p dwyer osteotomy to the right calcaneus. She has no pain." She has diminished light touch sensation at the proximal styloid process of the right fifth metatarsal. The 09/05/14 report indicates that the patient has "weaned off the rolling knee scooter and she has been weight-bearing in the boot." The 10/24/14 report states that she has right side pain which is moderate to severe and she rates it as a 7/10. The patient has a mildly antalgic gait and she has difficulty toe walking. There is tenderness to palpation to the ankle at the peroneal tendons to the right lateral ankle. The patient is diagnosed with the following: Orthopedic aftercare NOS right. Peroneal tendinitis. The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 05/19/14- 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (Acute and Chronic), Physical therapy (PT)

Decision rationale: In this case, the patient underwent post-operative therapy for 8 sessions and the request is for additional 8 sessions. Technically, the patient is not outside of the post-operative time-frame and additional therapy may be warranted based on the patient's current condition. The treater would like additional therapy for balance and range of motion. The request appears medically reasonable. MTUS page 98-99 was referred to. For Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater has requested for a total of 8 sessions of physical therapy which is within MTUS guidelines. The requested additional physical therapy is medically necessary.