MAXIMUS Federal Services

Case Number:	CM14-0205691		
Date Assigned:	12/17/2014	Date of Injury:	11/29/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 52 year old female with an injury date of 11/29/12. Based on the 11/24/14 progress report, the patient complains of "persistent pain and weakness with difficulty heel and toe walking." Patient has antalgic gait with inversion position due to weakness of the peroneal tendons. Exam shows 4/5 muscle strength for the peroneal tendons. Ankle joint range of motion is 15 degrees of inversion with 5 degrees of eversion, bilaterally. Patient has a negative anterior drawer to bilateral feet and ankle. Right calf measures 36.5 cm and the left measures 39 cm. Dorsalis pedis and posterior tibial pulses are 2/3. Diagnoses for this patient are ankle enthesopathy nec left and peroneal tendinitis. Work status as of 11/25/14 is with restrictions. The utilization review being challenged is dated 12/3/14. The request is for additional post-operative physical therapy 2 x 4 for the right ankle/feet. The requesting provider has provided reports from 5/19/14 to 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy 2x4 for the right ankle/foot: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical MedicineChronic Postsurgical Treatment Guidelines for Ankle & Foot Page(s): 98-99; 13.

Decision rationale: This patient presents with pain and weakness with difficulty heel and toe walking. The treater requests additional post-operative physical therapy 2 x 4 for the right ankle/feet per report dated 11/24/14, for strengthening and gait training of the right foot and ankle. Regarding post-surgical physical therapy treatments, MTUS guidelines recommend 8 visits over 3 months. For various myalgias and neuralgias, MTUS guidelines, pages 98, 99, allow for 8-10 sessions. Patient is status post right Dwyer osteotomy, right calcaneus and debridement of tendinosis and rupture to the right peroneus longus on 6/17/14. The utilization review letter references multiple physical therapy notes, though absent with this review: 9/16/14, 9/18/14, and 9/25/14. According to the letter, patient received 6 post-op visits. Also referenced is a 9/25/14 physical therapy note, with documentation that patient had "continual gain in the ability to walk and performed weight-bearing activities." Furthermore, referenced physical therapy treatment notes dated 9/18/14, 9/23/14, 9/25/14, and 10/1/14, document that the patient had "an improvement of the overall ankle mobility with decreased symptoms since the last session." While records indicate this patient has received at least 6 of the 8 post-op sessions allowed by MTUS guidelines, she is still experiencing persistent pain and weakness with difficulty heel and toe walking. MTUS guidelines allow for 8-10 sessions for various myalgias and neuralgias. The request for an additional 8 sessions are medically necessary, for restoring strength, to increase mobility, functionality, and to alleviate pain.