

Case Number:	CM14-0206998		
Date Assigned:	12/19/2014	Date of Injury:	09/09/2010
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 New York. 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 40-year-old female who has right ankle instability. She twisted her right ankle. Stress x-ray showed instability and she underwent posterior lateral ligament reconstruction in October 2011. She states that her pain got better after the surgery. Medical records indicate that she initially did well but failed treatment after surgery. She continues to complain of instability and pain in the ankle. She's having difficulty walking. On physical examination there is swelling around the left ankle. There is tenderness to palpation of the anterior lateral aspect of the right ankle. There is instability on both sides of valgus and varus stress with anterior drawer the right ankle. There is full range of motion. He then all muscle groups. X-rays show no dislocations or bony abnormalities. There is widening with varus and valgus stress. The patient has been indicated for revision ankle surgery. The patient had revision ankle surgery in August 2014. She's had affixed outpatient physical therapy postoperative visits. Medical records indicate that the incisions are well-healed and range of motion is intact and ankles stable after surgery. At issue is whether postoperative physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 2 times a week for 4 weeks for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ankle pain chapter, MTUS postsurgical treatment guidelines for ankle sprain equal 34 visits over 16 weeks.

Decision rationale: MTUS guidelines recommended initial short course of physical therapy after surgery with documented improvement prior to approving additional physical therapy visits. In this case, the patient is early had 6 postoperative physical therapy visits and there is no documentation a functional improvement after physical therapy. Additional documentation is medically necessary at this time to approve additional postoperative physical therapy visits. Criteria for additional postoperative physical therapy visits are not medically necessary.