

Case Number:	CM15-0002912		
Date Assigned:	01/13/2015	Date of Injury:	09/14/2011
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona

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:

The injured worker is a 52-year-old female who reported on 09/14/2011. The mechanism of injury was not specifically stated. The current diagnoses include left ankle joint arthritis, sleep disorder, post-traumatic stress disorder and gastrointestinal symptoms. The injured worker presented on 10/14/2014 with complaints of 8/10 left ankle pain, aggravated with prolonged standing and walking. Upon examination there was swelling with tenderness to palpation. Range of motion was limited and painful. There was 0 degree dorsiflexion and 30 degree plantar flexion. Prior x-rays and MRI studies reportedly confirmed arthritis of the left ankle joint. Recommendations at that time included a left ankle fusion. A Request for Authorization form was then submitted on 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, co morbidities and physical examination findings. There was no documentation of a significant medical history or any co morbidities that would support the necessity for preoperative medical clearance. Given the above, the request is not medically appropriate at this time.

18 Post-op physical therapy sessions between 10/14/14 and 01/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state the initial course of therapy means half the number of visits specified in the general course of therapy for the specific surgery in the Postsurgical Physical Medicine Treatment recommendations. Postsurgical treatment following an ankle sprain includes 34 visits over 16 weeks. The current request for an initial 18 sessions of postoperative physical therapy would exceed guideline recommendations. Given the above, the request is not medically appropriate at this time.