

Case Number:	CM15-0005221		
Date Assigned:	01/16/2015	Date of Injury:	12/08/2013
Decision Date:	03/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/09/2015

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

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 40 age year old female, who sustained an industrial injury on 12/08/2013. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with left subtalar arthrofibrosis with peroneal tendon adhesions, status post open reduction internal fixation, and status post left calcaneal hardware removal, peroneal tenolysis, and subtalar arthrotomy distally. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left ankle, x-rays, physical therapy, use of crutches, oral pain medication regimen, and the above listed surgical procedures. Currently, the injured worker complains of stiffness on the affected site. The treating physician requested additional physical therapy visits noting that the injured worker was making slow progress with physical therapy. On 01/06/2015, Utilization Review non-certified a prescription for additional post-operative physical therapy to the left ankle for three visits a week for six weeks for a total of eighteen visits, noting the Medical Treatment Utilization Schedule, Postsurgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy for the left ankle, 3 times a week for 6 weeks; 18 sessions: Upheld

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

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

Decision rationale: The 1/06/15 Utilization Review letter states the additional post-op physical therapy (PT) requested on the 12/30/14 physical therapy note was not certified because MTUS post-surgical treatment guidelines recommend 8 visits over 3 months for peroneal tendon repair, and the patient has had 23 PT sessions. The 12/30/14 physical therapy note was not provided for this review. The 12/29/14 orthopedic report states the patient is making slow progress with PT. On exam there were 2/3 normal subtalar motions. The assessment is status post left calcaneal hardware removal following calcaneal open reduction internal fixation with peroneal adhesions. The surgeon requested an MRI, but did not request additional PT. The 1/6/15 UR letter shows a list of records they reviewed, which included 18 PT SOAP notes from 8/24/14 through 12/10/14. The patient had PT prior to the 8/22/14 surgical removal of hardware. MTUS/Postsurgical Treatment Guidelines for treatment of peroneal tendons shows the general course of care at 8 visits and the postsurgical physical medicine treatment period is 6 months. For fracture of ankle, the general course of care is 21 visits. MTUS/Postsurgical Treatment Guidelines, subsection (c)3 states If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. MTUS/Postsurgical Treatment Guidelines, subsection (c) 3 (B) requires postsurgical treatment be discontinued if there is no functional improvement demonstrated. The exact number of postsurgical PT visits from the 8/22/14 hardware removal surgery is not known. The most recent report from the surgeon states the PT provided slow progress, the physician did not recommend additional PT. The request appears to have been from the physical therapist, whose report was not provided for this review. MTUS states "Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline." The request for additional PT x18 does not appear to be in accordance with the MTUS/postsurgical guidelines. The request was not from the surgeon, and there is no documented functional improvement. The request for Additional post-op physical therapy for the left ankle, 3 times a week for 6 weeks, 18 visits, IS NOT medically necessary.