

<b>Case Number:</b>	CM15-0149194		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 42 year old female, who sustained an industrial injury on June 25, 2009. Treatment to date has included right ankle triple arthrodesis with tendon transfer and bone grafting, pain medication, topical pain patches, physical therapy, home exercise program, orthotics and diagnostic imaging. Currently, the injured worker complains of burning pain in the medial foot. She reports that she is performing physical therapy and slowly gaining strength. On physical examination the injured worker has tenderness to palpation over the right shin. She has mild-to-moderate edema of the right ankle and foot. She has mild-to-moderate tenderness to palpation over the surgical incisions and mild dysesthesias on the dorsum of the foot. The incision over the heel is intact and she has tenderness to palpation over the heel peripheral artery disease of the Achilles tendon. Her right ankle range of motion is limited and she exhibits an antalgic gait. The diagnoses associated with the request include status post right ankle surgery. The treatment plan includes continued physical therapy, ice therapy, orthotics and new compression socks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right foot and ankle 2 times a week for 6 weeks, quantity: 12 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

**Decision rationale:** According to CA MTUS Ankle and Foot Postsurgical Treatment Guidelines, pages 12-14, frequency and duration for ankle and foot surgeries are recommended as follows: Postsurgical treatment (arthrodesis): 21 visits over 16 weeks; Postsurgical physical medicine treatment period: 6 months. Review of the medical records indicates the injured worker has completed six postoperative therapy visits. She underwent a triple arthrodesis of the right foot on 2/11/15. As this request is within the recommended number of postoperative treatments per the guidelines, and the note on 7/9/15 documents functional improvement of strength, the request for postoperative physical therapy 2x6 is medically necessary.