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| Case Number: | CM15-0182048 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 08/12/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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: Emergency Medicine

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 51 year old male, who sustained an industrial injury on 08-12-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for peroneal tenosynovitis and sural neuritis. Medical records (04-07-2015 to 08-17-2015) indicate ongoing right posterior ankle pain. Pain levels were noted to be as high as 8 out of 10 on a visual analog scale (VAS) prior to surgery (05-04-2015). Activity levels and level of function was not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 08-17-2015, states that the IW was being seen for his week 12 post-operative follow-up examination. The IW reported 50-60% improvement since surgery with no pain in the mornings but does develop progressive swelling and soreness as the day progresses and after being on his feet for 3 hours. The physical exam revealed no signs of infection with minimal right lateral ankle edema, no focal pain, normal capillary refill time, bilateral 2nd through 5th digit rigid hammer toes (right worse than left), and stable right ankle with smooth range of motion without crepitus. Relevant treatments have included: injections, "3 rounds" of physical therapy (PT) prior to surgery, a right peroneal tendon tenolysis with right sural nerve neuroplasty on 05-08-2015, 4 sessions of post-operative PT, work restrictions, and pain medications. The PR and request for authorization (08-17-2015) shows that the following therapy was requested: 8 additional sessions (2 times per week for 4 weeks) of PT for the right ankle. However, the original utilization review (08-31-2015) non-certified a request for 12 additional sessions of PT for the right ankle. The actual request for authorization was not available for review.

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, twice a week for six weeks for the right ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Ankle & Foot.

Decision rationale: The requested Additional Post-Op Physical Therapy, twice a week for six weeks for the right ankle, is not medically necessary. CA MTUS Post-Surgical and ODG Guidelines are silent on this specific clinical issue. CA MTUS Post-Surgical Guidelines Ankle & Foot, Page 41, note: "Peroneal tendon repair [DWC]: Postsurgical treatment: 8 visits over 3 months. Postsurgical physical medicine treatment period: 6 months." The injured worker has reported 50-60% improvement since surgery with no pain in the mornings but does develop progressive swelling and soreness as the day progresses and after being on his feet for 3 hours. The physical exam revealed no signs of infection with minimal right lateral ankle edema, no focal pain, normal capillary refill time, bilateral 2nd through 5th digit rigid hammer toes (right worse than left), and stable right ankle with smooth range of motion without crepitus. Relevant treatments have included: injections, "3 rounds" of physical therapy (PT) prior to surgery, a right peroneal tendon tenolysis with right sural nerve neuroplasty on 05-08-2015, 4 sessions of post-operative PT, work restrictions, and pain medications. The PR and request for authorization (08-17-2015) shows that the following therapy was requested: 8 additional sessions (2 times per week for 4 weeks) of PT for the right ankle. The treating physician has not documented objective evidence of derived functional improvement from completed therapy sessions. The criteria noted above not having been met, Additional Post-Op Physical Therapy, twice a week for six weeks for the right ankle is not medically necessary.