MAXIMUS Federal Services

Case Number:	CM15-0207958		
Date Assigned:	10/26/2015	Date of Injury:	04/05/2013
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 4-5-13. The injured worker is diagnosed with multiple internal derangements of the left ankle. His work status is temporary total disability. Notes dated 9-10-15 and 9-22-15 reveals the injured worker presented with complaints of intermittent left ankle pain and sensitivity-numbness to left great toe; awaiting hardware removal. A physical examination dated 6-4-15 revealed pain with palpation to the left ankle joint and left ankle joint instability. A note dated 9-10-15 revealed no change from previous examination. The objective findings in a progress note dated 9-22-15 is difficult to decipher; however the plan reads he "needs removal of internal fixation left ankle". Treatment to date has included left ankle surgery, knee scooter, cast boot, medication, walker and left ankle brace. Diagnostic studies include a left ankle MRI-Arthrogram (2014), which revealed sinus tarsi syndrome, synovitis of posterior subtalar joint, tenosynovitis flexor halluces longus and posterior tibial tendon and small heel spur. A request for authorization dated 9-22-15 for rehabilitation services to the left ankle is denied, per Utilization Review letter dated 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation services to left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle foot-Physical therapy.

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

Decision rationale: The injured worker sustained a work related injury on 4-5-13. The medical records provided indicate the diagnosis of multiple internal derangements of the left ankle. Treatments have included left ankle surgery, knee scooter, cast boot, medication, walker and left ankle brace. The medical records provided for review do not indicate a medical necessity for Rehabilitation services to left ankle. The medical records indicate the injured worker had left ankle surgery in 06/2015; but the request was not clear as to the number of rehabilitation services was being requested. The MTUS Physical Medicine Postsurgical physical medicine treatment Guidelines has several recommendations for post-surgical ankle condition depending on the surgery; however, the request did not specify the number of intended visits. Therefore, the requested treatment is not medically necessary.