

Case Number:	CM15-0029017		
Date Assigned:	02/23/2015	Date of Injury:	05/05/2009
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Minnesota, Florida
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 59-year-old male who sustained a work related injury to his left ankle from pushing a heavy pallet in the year 2009. He eventually underwent peroneal tendon repairs. He was seen again in 2014 with recurrent pain. An MRI scan showed re-rupture and severe subtalar arthritis. A request for surgery consisting of peroneal tendon repairs with allograft and a left subtalar joint arthrodesis has been approved. The disputed issue pertains to a request for 12 post-operative physical therapy sessions that was modified by utilization review to 9 sessions citing MTUS and ODG guidelines. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Ankle and Foot, Topic: Physical Therapy.

Decision rationale: The surgical procedure that was approved is fusion of the subtalar joint with allograft reconstruction of the ruptured peroneal tendon. The provider requested 12 sessions of postoperative physical therapy 2 times per week for 6 weeks for the left ankle. California MTUS guidelines indicate 8 visits over 3 months for peroneal tendon repair. ODG guidelines recommend 9 visits over 8 weeks for joint disorders and for arthritis, unspecified. The guidelines recommend an initial course of therapy of one half of these visits. Then with documentation of objective functional improvement a subsequent course of therapy of the remaining half of the visits may be prescribed. The requested 12 sessions of postoperative physical therapy exceeded the guidelines recommendation and as such, the medical necessity of the request is not established.