

Case Number:	CM15-0210847		
Date Assigned:	10/29/2015	Date of Injury:	05/05/2009
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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 59 year old male, who sustained an industrial injury on 5-5-2009. A review of the medical records indicates that the injured worker is undergoing treatment for status post left ankle surgery with fusion, tendon graft, and ligament repair 3-3-2015 with left ankle pain post-surgery pain. On 9-21-2015, the injured worker reported left ankle symptoms with pain at the interior aspect of the heel and at the medial ankle incision site with clicking and tenderness to palpation of the hardware which was palpable with pain along the lateral aspect of the ankle improved. The Primary Treating Physician's report dated 9-21-2015, noted the injured worker with no current medications. The physical examination was noted to show tenderness to palpation of the anterior medial aspect of the left ankle joint and overlying the talus with hardware prominent and palpable, pain with dorsiflexion and evidence of anterior ankle joint impingement, with tenderness to palpation of the posterior inferior aspect of the heel on the left. The Physician noted that x-rays of the left foot and ankle revealed intact hardware with the subtalar joint appeared fused and no evidence of hardware loosening. The injured worker was noted to have status post left peroneal revision repair with allograft with irritable hardware and posteroinferior heel pain. Prior treatments have included chiropractic treatments, physical therapy, with post-op physical therapy in 2012 with approximately 70% reduction in pain, 6-17-2015 physical therapy visits number 12, Motrin, Tylenol, Advil, and Stromgren brace. The treatment plan was noted to include surgical correction with removal of the hardware level subtalar joint and possible cortisone injection into the posteroinferior aspect of the left heel and a set of custom functional foot orthotics. The injured worker's work status was to remain off

work until after surgery. The most recent physical therapy note provided dated 10-1-2015, noted to be 13 visits, noted the injured worker reported gradual improvements and was to continue with the current rehabilitation program. The request for authorization dated 10-13-2015, requested 12 sessions of post-surgical physical therapy for the left heel. The Utilization Review (UR) dated 10-21-2015, non-certified the request for 12 sessions of post-surgical physical therapy for the left heel.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of post-surgical physical therapy for the left heel: 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).

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

Decision rationale: Based on the 8/17/15 progress report provided by the treating physician, this patient presents with improving pain/swelling of left ankle, and back pain. The treater has asked for 12 SESSIONS OF POST-SURGICAL PHYSICAL THERAPY FOR THE LEFT HEEL on 8/17/15. The patient's diagnoses per request for authorization dated 10/13/15 are irritable hardware and posteroinferior heel pain. The patient states that his back pain may be due to his gait following ankle injury/surgery per 8/17/15 report. The patient is s/p left peroneal tendon revision repair with allograft, left subtalar joint arthrodesis, exploration of medial arthroscopy portal from 3/5/15 per 8/17/15 report. The patient is currently using a cane and can walk 100 yards before his pain worsens per 7/29/15 report. The patient is currently off work per 8/17/15 report. MTUS Post-Surgical Treatment Guidelines, Section on Knee, Page 24, 25: Fracture of tibia and fibula (ICD9 823): Postsurgical treatment (ORIF): 30 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months. The patient is s/p repeat left ankle surgery with fusion, tendon graft, and ligament repair from 3/3/15. The treater is requesting an additional course of physical therapy to assist with ROM and gait stability per 8/17/15 report. Per utilization review letter dated 10/21/15, the request is denied along with a citation of ODG guidelines for 6 visits over 4 weeks for plantar fasciitis. Per review of therapy reports, the patient has undergone a course of 12 physical therapy sessions from 4/27/15 to 6/17/15 and another course of 13 sessions thereafter which ended on 10/1/15. The 7/9/15 report states that physical therapy has assisted "with his range of motion and gait; the patient also states that therapy helped" with range of motion and gait in 8/17/15 report. In this case, the patient has been slowly improving, but still has pain when walking more than 100 feet per requesting 8/17/15 report. The patient is s/p at least 25 postoperative physical therapy sessions with some benefit, but as the patient states repetitiously in both 7/19/15 and 8/17/15 reports that therapy has helped with range of motion and gait, it appears his improvement has plateaued. In addition, the patient is outside the postoperative physical therapy treatment period of 6 months. In conjunction with prior 25 sessions, the current request for 12 additional sessions of therapy exceeds MTUS postsurgical guidelines. Hence, the request IS NOT medically necessary.