

;

Case Number:	CM15-0038644		
Date Assigned:	03/09/2015	Date of Injury:	08/24/2009
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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 63-year-old male, with a reported date of injury of 08/24/2009. The diagnoses include right ankle partial tear of the anterior talofibular ligament with osteochondral lesion. Treatments have included an MRI of the right ankle, an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities, right ankle arthroscopy with chondroplasty on 10/04/2014, and physical therapy. The permanent and stationary report dated 01/29/2015 indicates that the injured worker sustained injuries to his right lower back, hip, leg, ankle, and foot. He complained of persistent aching in the lower back, thighs, right ankle, and right foot. He noted pins and needles in the thighs, and numbness in the right foot. The injured worker rated his pain 8 out of 10. The physical examination showed a significant limp, normal sensory examination of the L1 to S1 dermatome, no tenderness of the right ankle, decreased right ankle range of motion, and swelling of the right ankle joint. The treating physician requested six additional post-operative physical therapy sessions for the right ankle. The rationale for the request was not indicated.

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 x 6 sessions for the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) Chapter, Physical therapy.

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with right ankle pain. The request is for **ADDITIONAL POST-OP PHYSICAL THERAPY X6 SESSIONS FOR THE RIGHT ANKLE**. The patient is status post right ankle arthroscopy with chondroplasty and microfracture of osteochondral lesion lateral talus and synovectomy 10/04/14. Patient's diagnosis per Request for Authorization form dated 12/18/14 includes right ankle sprain, and partial tear of the anterior talofibular ligament of the right ankle. Per progress report dated 01/15/15, the patient had 12 postoperative physical therapy visits. The patient may return to modified work, per treater report dated 12/18/14. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter states: "ODG Physical Therapy Guidelines." Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Fracture of ankle (ICD9 824): Medical treatment: 12 visits over 12 weeks. Post-surgical treatment: 21 visits over 16 weeks Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment: 34 visits over 16 weeks". MTUS pages 98, 99 have the following, "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patient's surgery to the right ankle was dated 10/04/14. The RFA is dated 12/18/14. The patient is still within post-operative time period of 16 weeks. Per progress report dated 01/15/15, "the patient complains of ongoing pain in the right ankle. He has completed 12 sessions of post-op therapy, which provided some improvement in his condition. He complains of pain and inflammation in the right ankle when walking. Additionally, he complains of numbness and tingling in the lateral aspect of the ankle. The patient ambulates with a cane." The requested 6 sessions appears reasonable given patient's postoperative status, and is within guideline recommendations. Therefore the request IS medically necessary.