

Case Number:	CM15-0057185		
Date Assigned:	04/02/2015	Date of Injury:	08/04/2010
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/25/2015

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: Illinois, California, Texas
 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 was a 36-year-old female who sustained an industrial injury on 8/4/10. Injury was sustained when she tripped and almost fell but caught herself. She twisted her left foot inward with immediate left ankle pain and swelling. The 4/28/14 left ankle MRI impression documented plantar fasciitis, and ankle mortise joint effusion. The 2/16/15 treating physician report cited continued grade 5-8/10 left ankle pain despite physical therapy, activity modification, bracing, and medications. Physical exam documented antalgic limp, shortened stance phase gait, and pain with anterior drawer and talar tilt test. The diagnosis included left ankle instability, enthesopathy, tenosynovitis, and sprain/strain, and left plantar fasciitis. The treatment plan recommended left ankle Brostrom repair with post-operative physical therapy 9 visits over 8 weeks. The 3/6/15 utilization review certified the request for left ankle ligament (Brostrom) repair. The request for 9 post-operative physical therapy visits over 8 weeks was modified to 5 initial visits consistent with Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 post operative physical therapy visits over 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for enthesopathy of the ankle suggest a general course of 9 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 5 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/6/15 utilization review recommended partial certification of 5 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.