MAXIMUS Federal Services

Case Number:	CM14-0138473		
Date Assigned:	09/05/2014	Date of Injury:	03/15/2011
Decision Date:	09/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:The patient is a 29 year old female with a work injury dated 3/15/11. The diagnoses include post traumatic arthritis left knee; status post open soft tissue repair; lumbar sprain; history of calcaneal fracture with traumatic skin loss, status post soft tissue transfer; left heel avulsion and left heel neuropathy. Under consideration is a request for additional postoperative physical therapy 3 times per week for 8 weeks, plus one evaluation for the left knee and left foot.There is a physician authorization request/appeal report dated 9/11/14 that states that the patient has diagnoses of left heel avulsion and left heel neuropathy, left knee pain. The patient had diagnoses through industrial injury regarding left foot avulsion status post skin graft in the left lower extremity and also some secondary knee and hip pain. This is the result of a wide-based antalgic gait and consistent ambulation and gait changes secondary to his covered injury. The document states that this is a gentleman that is very eager to increase his overall aerobic capacity and improve his range of motion, particularly with a severely avulsed left ankle injury which is causing him a significant amount of activities of daily living including walking intolerance. A 6/26/14 document states that the patient was driving the company truck when he was involved in an accident and sustained injury to his left lower extremity, including his hip, knee and ankle. He subsequently underwent surgery for a calcaneal fracture, two skin grafts to the left heel, left knee arthroscopy and left hip manipulation for dislocation. He had two skin grafts. On 1/15/13 he had an "exploration of posterior tibial artery and vein, exploration of wound of the anterior tibial artery and vein, debridement of calcaneal bone". On 1/22/13 he had debridement of left heel wound. On 2/11/13he had "division of cross-legged flap, removal of external fixator, right ankle. He received post-operative physical therapy to the left lower

extremity for over one year. He received care with a pain management physician. He was examined by a physician for his left knee on August 30; 2013.He was administered gel injections into the left knee. The injections did not provide relief. On exam the patient arises from seated to standing slowly. He stands with level shoulders and pelvis without evidence of list. He has normal lumbar lordosis and thoracic kyphosis. His gait is normal. He is able to walk on toes and heels without observed deficits. His lumbar range of motion is limited. His lower extremity motor strength, sensation and reflexes are intact. There are negative bilateral straight leg raise tests, Fabere test and normal hip range of motion. There is some midline lumbar tenderness. The cervical range of motion, provocative testing, bilateral upper extremity sensation and strength and reflexes are normal. The documentation indicates that the patient is at maximal medical improvement. 06/06/14 Lumbar MRI-Impression: 1. At L5-S I, there is 4 mm central disc protrusion and facet arthropathies which result in mild bilateral neuroforaminal narrowing. There is no spinal canal stenosis.2. There is no significant abnormality at the remaining lumbar disc levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy 3 times per week for 8 weeks, plus one evaluation for the left knee and left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: Additional postoperative physical therapy 3 times per week for 8 weeks, plus one evaluation for the left knee and left foot is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines encourage independence towards a self-directed home exercise program. The guidelines for recommend 9-10 visits over 8 weeks for myalgia and myositis, 9-10 visits over 8 weeks and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified . The documentation indicates that the patient has had more than 50 physical therapy sessions. The patient should be well versed in a home exercise program. The documentation does not indicate any extenuating physical exam findings that would require 24 more supervised therapy sessions. The patient is beyond the postoperative therapy treatment period at this point per the MTUS Ankle Foot Post-surgical guidelines. The request for additional postoperative physical therapy 3 times per week for 8 weeks, plus one evaluation for the left knee and left foot is not medically necessary.