

<b>Case Number:</b>	CM14-0183247		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/28/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 26-year-old female with a 3/23/09 date of injury, and left ankle sinus tarsi surgery on 8/27/14. At the time (10/10/14) of Decision for Additional post-operative physical therapy 2 times a week for 4 weeks, there is documentation of subjective (left leg pain) and objective (mild swelling of the left foot and hypersensitivity in the dorsum of the foot) findings, current diagnoses (status post left ankle sinus tarsi surgery), and treatment to date (8 sessions post op physical therapy treatments and medications). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters and functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous post op physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines identifies up to 9 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, California MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of status post left ankle sinus tarsi surgery. In addition, there is documentation of 8 previous post op physical therapy treatments. However, given documentation of a request for 1 Additional post-operative physical therapy 2 times a week for 4 weeks, in addition to the treatments already completed, which would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous post op physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Additional post-operative physical therapy 2 times a week for 4 weeks is not medically necessary.