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| Case Number: | CM14-0091077 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/07/2004 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 , has a subspecialty in Pain Management 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:

The patient is a 48 year old male with an injury date of 02/07/04. The 05/27/14 report by [REDACTED] states that the patient presents with right ankle pain with pinching discomfort in the right knee and shooting discomfort in the right great toe. He ambulates with crutches. Upon examination it is noted that incisions are well healed and that there is a loss of dorsiflexion of 5 degrees. The patient is temporarily totally disabled. The patient's diagnoses include: 1. Gait abnormality. 2. Right talus cyst /OCD mid anterior dome. 3. Talus cyst/OCD mid anterior dome. 4. Status post OCD allografting right ankle (12/19/13). The treater requests for 20 physical therapy sessions for the right ankle. The utilization review being challenged is dated 06/04/14. The rationale is that due to the extent of the right ankle surgery and the remaining significant objective and functional deficits on the exam, the request was modified to 6 sessions of physical therapy. Treatment reports were provided from 08/08/13 to 06/23/14 to 06/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 20 visits for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Ankle and Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with right ankle pain status post OCD/allografting (12/19/13). The treater requests for 20 physical therapy sessions of unknown duration. This request was modified to 6 visits by the 06/04/14 utilization review. MTUS post-surgical guidelines page 13 for the Enthesopathy of ankle and tarsus allow 9 visits over 8 weeks. Tarsus talar reconstruction is not specifically addressed. The 05/27/14 report states the patient has received 30 sessions for range of motion of the right ankle but has made minimal progress. Therapy reports provided show 12 sessions from 04/02/14 to 05/09/14. The 05/09/14 therapy report states that the patient reports continued high levels of pain in the ankle. The treater does not explain what more is to be gained with continued therapy. The patient should be able to transition into home exercise program by now. The requested 20 sessions exceeds what is recommended per MTUS. Recommendation is for denial.