

Case Number:	CM14-0213574		
Date Assigned:	12/31/2014	Date of Injury:	01/27/2012
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/20/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old male with a work injury 1/27/12. The diagnoses includes status post total left ankle arthroplasty on 7/10/14; ankle and foot pain; walking difficulty. The patient is status post total left ankle arthroplasty on 7/10/14. An 11/21/14 therapy note states that the patient has made significant gains in all aspects of rehabilitation. He has increased range of motion, strength, and weight bearing abilities at the left ankle/foot. He is ready to transition to land for higher level proprioception and strengthening exercises to maximize ability at the left ankle/foot. The document states that as of 11/21/14 the patient has had 18 PT visits. On examination left ankle examination, the patient ambulated with improved sequence and greater weight bearing. There was reduced inflammation around the ankle. The active range of motion (ROM) on dorsiflexion was 8 and 4 degrees, plantarflexion Was 30 degrees, inversion was 10 and 5 degrees and eversion was 15 degrees. The passive ROM on dorsiflexion was 12 and 7 degrees, plantarflexion was 35 degrees, inversion was 18 and 8 degrees and eversion was 15 degrees. Muscle strength was 4/5 except for the tibialis anterior and gastrocnemius which were 4+/5 and hip abductors which was 4-/5. There is an 11/6/14 primary treating physician progress report that states that the patient returns for left foot and ankle pain. He has chronic low back pain with sciatica. On exam he has an antalgic gait, well healed scars. There is fibula tenderness and a spur on the dorsum of the midfoot. This is at the first tarsometatarsal joint. X-rays reveal satisfactory hardware removal left fibula. The treatment plan is a motion control shoe, a referral for a physician for his spine pain; Tramadol. A 9/18/14 document states that the patient will be started in Aquatherapy three times per week for the next 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 to the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Physical Therapy

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 (ODG) Arthritis (Arthropathy, unspecified) (ICD9 716.9) Post-surgical treatment, arthroplasty/fusion, ankle: 24 visits over 10 weeks.

Decision rationale: Physical therapy 3 x 4 to the left ankle is not medically necessary per the MTUS Guidelines and the ODG. The MTUS post surgical guidelines do not address ankle arthroplasty. The ODG states that for ankle arthroplasty. The MTUS Chronic Pain Medical Treatment Guidelines recommends a fading of frequency of therapy to an active self directed home program. The document states that as of 11/21/14 the patient has had 18 PT visits. It is not clear how many total physical therapy post op visits the patient has had. The MTUS Chronic Pain Medical Treatment guidelines recommend transitioning to an independent home exercise program. There are no extenuating circumstances that would require an additional 12 supervised therapy visits. The request for physical therapy 3 x 4 to the left ankle is not medically necessary.