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| Case Number: | CM15-0010037 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 03/28/2014 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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 is a 55-year-old female who sustained an industrial injury on 3/28/14. Injury occurred when she was rushing to do her job and felt and heard a crack in the right foot and ankle. The 7/25/14 right ankle MRI showed mild insertional Achilles tendinosis and no other gross abnormality. The 12/16/14 treating physician report cited constant dully achy right ankle pain which became sharp with walking. Pain was worse with walking and standing, and improved with rest. She had continued pain in the neck and upper extremities, and worsening pain in the shoulders. Shoulder, upper extremity and back pain were reported secondary to antalgic gait, and ambulating with a cane. Right ankle exam documented tenderness over the Achilles tendon and laterally, pain with plantar flexion and inversion, and normal range of motion. The diagnosis included right ankle sprain, Achilles tendinitis, and impingement syndrome. There was negative pes planus, Mulder's click, too-many-toes, Thompson, and anterior drawer signs. Ankle appearance was normal. The patient had been authorized for physical therapy for the right ankle and will begin. Authorization was requested for diagnostic arthroscopy due to intractable pain, difficulty ambulation, and inability to perform activities of daily living. The patient was to continue with anti-inflammatory medication. On 12/26/14, utilization review non-certified post-op physical therapy 3 times a week for 6 weeks for the right ankle, noting there was a lack of documentation supporting the concurrent request for a diagnostic arthroscopy, and without the concurrent surgery request being authorized, the request for post-op physical therapy would not be medically necessary. The MTUS Postsurgical Medical

Treatment Guidelines was cited. On 1/19/15, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 times a week for 6 weeks for the right ankle: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for ankle sprain suggest a general course of 34 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 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. Guideline criteria have not been met. This request is a request for post-op physical therapy associated with a request for diagnostic arthroscopy. There is no evidence in the records that the associated surgical request has been found to be medically necessary. Additionally, this request exceeds the recommendations for initial post-op therapy. Therefore, this request is not medically necessary at this time.