

Case Number:	CM15-0114982		
Date Assigned:	06/23/2015	Date of Injury:	11/26/2013
Decision Date:	07/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Indiana, Oregon
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:

This 34 year old man sustained an industrial injury on 11/26/2013. The mechanism of injury is not detailed. Diagnoses include mononeuritis of the left lower limb, severe left ankle sprain, left ankle anterior impingement, left peroneal tendinopathy, left Achilles contracture, and left ankle loose body. Treatment has included oral medications. Physician notes on a PR-2 dated 6/1/2015 show complaints of unchanged left ankle pain. Recommendations include left ankle surgical intervention, post-operative physical therapy, post-operative Norco, and post-operative crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, 2 times monthly for 3 months, Left Ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: This review addresses the combined request for CPT 97010 and 97035. CA MTUS/ACOEM is silent on therapeutic ankle ultrasound. ODG Ankle is referenced. Therapeutic ultrasound is not recommended. Ultrasound showed no benefit in ankle aprina or anterolateral ankle injuries. In this case the request is for a treatment not recommended by guidelines and is therefore not medically necessary.

