

Case Number:	CM15-0160851		
Date Assigned:	08/27/2015	Date of Injury:	06/14/2011
Decision Date:	11/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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: Minnesota, Florida
 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 is a 71 year old female with an injury date of 6-14-11. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder injury and right ankle pain status post fracture. Medical records (5-18-15 and 6-29-15) indicate ongoing persistent right ankle pain. She reports minor relief with previous injection and pain has returned. Upon exam, she has pain in the lateral aspect of her right ankle, anterior drawer is negative, she has pain in the region of the anterior talofibular ligament and peroneals are stable. Discussed arthroscopic debridement of the ankle joint and postoperative course of rehab. Request for authorization dated 7-8-15 was made for surgery and post operative right ankle physical therapy 12 visits. Utilization review dated 7-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The documentation from 7/15/2015 indicates that the request for right ankle arthroscopy was non-certified. California MTUS post-surgical treatment guidelines indicate post-operative physical therapy after the surgical procedure has been performed. Since the surgery has been non-certified the request for post-operative physical therapy is not applicable and therefore is not medically necessary.