

Case Number:	CM15-0092650		
Date Assigned:	05/19/2015	Date of Injury:	01/30/2014
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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:

The injured worker is a 28 year old male, who sustained an industrial injury on January 30, 2014. He reported that he fell 20 feet onto cement, sustaining an injury to his left foot, ankle, pelvis, and a compression fracture of his upper lumbar spine. The injured worker was diagnosed as having degenerative joint disease of the talonavicular joint. Treatment to date has included an open reduction and internal fixation of the left fractured navicular, MRI, x-rays, and medication. Currently, the injured worker complains of pain along the medial aspect of his left foot and along the Achilles tendon, unable to pivot or stand on the ball of his left foot secondary to pain. The Treating Physician's report dated March 5, 2015, noted the injured worker reported his symptom complex was staying the same or increasing, rated 4-8/10 when active and 2-3/10 at night in bed. Physical examination was noted to show a loss of motion of approximately 10 degrees on the left ankle joints compared to the right. Motor function of the subtalar joint was intact but weak secondary to pain, and the transverse tarsal joint motion could not be adequately tested secondary to pain. Radiographs were noted to demonstrate that the injured worker sustained a crush injury to his tarsal navicular bone, with spotty osteoporotic changes within it, and marked collapse of the talonavicular joint and to a lesser degree the naviculocuneiform joints. The Physician noted the injured worker had developed severe degenerative changes at both the talonavicular and naviculocuneiform joints status post open reduction and internal fixation, with the viability of the talus in question. The treatment plan was noted to include requests for authorization for triple arthrodesis for the left foot, purchase of a cam walker, and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post-operative physical therapy treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
12.

Decision rationale: CAMTUS Post surgical treatment guidelines page 12 ankle and foot arthrodesis: Postsurgical treatment (arthrodesis): 21 visits over 16 weeks *Postsurgical physical medicine treatment period: 6 months. Half of the treatments are recommended initially pending re-evaluation. In this case the request exceeds the initially allowable number of visits and is therefore not medically necessary.