

<b>Case Number:</b>	CM13-0010905		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/25/2003
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and Sports Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old female who reported an injury to her left ankle on 07/25/2003 when she was reported to have been coming down some stairs and fell. She is noted to have been initially diagnosed with a fracture of the left ankle and then to have been placed in a splint and to have undergone imaging studies that reported findings of a left trimalleolar fracture dislocation and underwent an open reduction and internal fixation of the left ankle fracture on an unstated date. The patient is noted to continue to have problems with her left ankle and on 05/09/2005 underwent a surgery for a lateral collateral ligament reconstruction, scar revision, removal of hardware, extensive debridement, and neurolysis of the superficial peroneal nerve. She is reported to continue to have complaints of ongoing instability, to have developed right ankle pain and instability due to off-loading her left ankle following surgery, and is reported to continue to complain of ongoing instability of the right ankle. She is noted to have undergone an MRI of the right ankle that showed old sprains or tears of the lateral collateral ligaments, enthesopathy with loose fragments of distal to the medial malleolus, and to have treated extensively with physical therapy, ankle braces, local injections to her left and right ankles. A clinical note signed 02/07/2013, signed by [REDACTED], reported the patient complained of instability and giving way of the right ankle and pain in her left ankle, which she rated 1/10 to 5/10. She also reported her left ankle had been giving way, but she had not fallen. She was reported to utilize a cane and ankle braces. On 07/07/2013, the patient is noted to state she had been doing well. She is reported to be going to be having additional surgery. She is noted to have been doing well for physical therapy to the bilateral ankles. She reported her pain was 3/10, her stability was noted to be fairly good, and range of motion and strength were good. She

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy time 12 sessions for bilateral ankles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

**Decision rationale:** The patient is a 63-year-old female who reported an injury to her left ankle on 07/25/2013 when she is reported to have fallen down some stairs. She is noted to have been diagnosed with a trimalleolar fracture dislocation of the left ankle and to have undergone surgery in 2003 for an open reduction and internal fixation. She was reported to continue to have instability of the left ankle and to have undergone a second surgery in 2005 for a lateral collateral ligament reconstruction, removal of hardware arthroscopy with debridement and superficial peroneal nerve neurolysis. After surgery she is noted to have treated conservatively with extensive physical therapy and to have developed right ankle pain due to offloading her left ankle. She is noted to complain of instability and giving way of the right ankle. She is noted in 07/2012 to have been attending physical therapy to the right ankle. Her stability at that time was noted to be fairly good. Range of motion and strength were good. The California MTUS Guidelines recommend up to 9 to 10 visits over 8 weeks for treatment of myalgia and myositis unspecified. The patient is noted to have just recently completed sessions of physical therapy and is noted to have good range of motion and muscle strength. As such, the request for an additional 12 sessions of physical therapy to the bilateral ankles does not meet guideline recommendations. Based on the above, the requested physical therapy 12 sessions for the bilateral ankles is not indicated.