

Case Number:	CM13-0019078		
Date Assigned:	10/11/2013	Date of Injury:	04/15/2013
Decision Date:	01/16/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 04/15/2013, which resulted from a fall. The treating diagnosis is a closed trimalleolar fracture. An initial physician review notes that the patient completed 36 postoperative physical therapy visits after a right ankle trimalleolar open reduction and internal fixation. On July 12, 2013, the patient complained of a slight pain in the right foot with continued soft tissue swelling and limited range of motion of less than 50%. The treatment plan at that time was for weaning of the walking boot, continued physical therapy, weight bearing as tolerated, and sedentary work with no standing or walking greater than 20 minutes every 2 hours. A physical therapy note of July 22, 2013 noted that the patient was status post right ankle surgery with continued complaints of swelling, and the plan was for continued physical therapy. An initial review noted that the documentation did not include a rationale for additional formal therapy versus a continued home exercise program to address residual deficits and that the additional physical therapy was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 3 times a week for 4 weeks for the right/foot ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule, Postsurgical Treatment Guidelines, states, "With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." Additional, the MTUS Guidelines, page 14, state regarding a trimalleolar fracture of the ankle, "Postsurgical treatment: 24 visits over 16 weeks...Postsurgical physical medicine treatment: 6 months." Although the patient has exceeded the target number of postsurgical treatment visits, they are still within the postsurgical physical medicine treatment period. The medical records are clear in terms of substantial ongoing gait deficits with swelling and limited range of motion, the treatment plan is to continue to increase the patient's physical activity including titration of work restrictions. Given the degree of the patient's difficulties with gait, it would not be feasible for the patient to independently advance their level of physical activity and to advance their exercise program. Additionally, home exercise would not apply since the patient continues to improve and has not reached a permanent status in terms of physical abilities or recommended specific exercise. The request for continued physical therapy three times a week for four weeks, for the right/foot ankle is medically necessary and appropriate.