

<b>Case Number:</b>	CM13-0022166		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old female, with a date of injury of 12/04/2012. The patient suffers from right ankle posterior malleolar fracture. An MRI dated 02/06/13 revealed nondisplaced vertical fracture through the posterior malleolus with moderate-to-severe bone marrow edema. Sprain of the anterior and posterior syndesmotoc ligaments and the anterior talofibular ligament. ■■■■■ initial consultation report dated 07/16/2013 notes moderate tenderness over the posterior tibiotalar portion of the articulation of the right ankle. A supplemental report dated 08/27/2013 discusses x-rays dated 08/26/2013 showing healing of previously demonstrated nondisplaced fracture. ■■■■■ recommends that the patient complete last nine session of physical therapy. UR letter dated 08/12/2013 documents that patient has completed 27 sessions of physical therapy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional physical therapy for the right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

**Decision rationale:** The treater has requested additional physical therapy to improve range of motion and for pain reduction. Although there have been prior notes indicating subjective and some objective improvements with physical therapy, more recent progress reports dated 2/27/13 and 4/22/2013 do not show much progress. The patient appears to have plateaued with some 27 sessions of therapy already received. The requesting treater does not discuss what additional goals to be achieved other than for pain reduction and there is no dicussion for self-directed home exercises. MTUS guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices (Colorado, 2002) (Airaksinen, 2006). According to the records, this patient has already completed 27 sessions of therapy. Although MTUS does not directly discuss appropriate amount of therapy following a fracture, the ODG state that medical treatment is for 12 visits over 12 weeks. The patient has exceeded the recommended amount of sessions. The request for additional physical therapy is not medically necessary and appropriate.