

Case Number:	CM13-0024699		
Date Assigned:	11/20/2013	Date of Injury:	03/02/2012
Decision Date:	03/26/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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 and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 30-year-old female who reported injury on 03/02/2012. The mechanism of injury was stated that the patient jumped over a wall and landed wrong. The patient was noted to undergo 12 sessions of physical therapy. Diagnosis was noted to be pain in the joint ankle and foot and other sprains and strains of the ankle. The procedure performed was noted to be a Broström reconstruction on 06/13/2013. The request was made for 12 sessions of physical therapy between 09/10/2013 and 10/25/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy sessions for the right ankle, between 9/10/13-10/25/13:

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 Physical Medicine Page(s): 98 & 99.

Decision rationale: CA MTUS post-surgical guidelines indicate that the treatment with physical therapy for a fracture of the ankle is 21 visits over 16 weeks. The patient was noted to have participated in 12 sessions of physical therapy and per the re-examination dated 08/23/2013, the

patient's ankle range of motion was noted to be minimally increased on active range of motion and there was noted to be no change on the patient's passive range of motion. The patient was noted to have ankle dorsiflexion, plantar flexion, inversion and eversion of 4-/5 on reassessment. The previous findings were dated 07/17/2013 were noted to be 3+/5 on all of the above. Clinical documentation submitted for review indicated the patient had minimal changes to support ongoing therapy. The patient was noted to have progressed from an ankle boot to an ankle brace. The patient was noted to have functional deficits of ADL's and had decreased endurance for prolonged loaded activities. However, there was a lack of documentation indicating a necessity for 12 additional physical therapy sessions. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for 12 additional physical therapy sessions for the right ankle between 09/10/2013 and 10/25/2013 is not medically necessary.