

<b>Case Number:</b>	CM13-0025338		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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. The expert reviewer is Board Certified in Occupational 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 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/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:

This patient is a 54 year old female. She subsequently had ankle surgery on 5/07/10 which consisted of arthroscopic surgery with ligament reconstruction. Post surgery she has had a delayed recovery with recurrent swelling and a slow increase in activities over the ensuing 6 months. She has had 28 sessions of therapy approved and the therapy notes document incomplete compliance with instructions. Gradually increased weight bearing and strengthening has been recommended. She is independent in ADLS and able to tolerate standing for a few hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X4 RIGHT ANKLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** The Post Surgical Guidelines recommend up to 34 sessions over a 6 month post op period. At the 6 month time period this patient has had extensive instruction in self protective behaviors and recommended rehabilitation exercises. She can tolerate weight bearing for increasing amounts of time and there are no apparent complications that would justify an

extension of ongoing hands on therapy beyond Guideline recommendations. Under these circumstances, it is reasonable to be transitioned to a home based rehabilitation program by this point in time. The extension of physical therapy is not medically necessary.