

Case Number:	CM13-0033614		
Date Assigned:	12/06/2013	Date of Injury:	08/24/2010
Decision Date:	02/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant is a 21-year-old male with a remote work related injury date of August 24, 2010. The records suggest a prior diagnosis of a right ankle sprain. The records indicate the claimant complained of pain and poor balance and was noted to have an increased anterior drawer test for the right ankle. An MRI of the ankle from March of 2013 showed only mild attenuation of the anterior talofibular ligament injury, suggestive of a prior strain. The records indicate the claimant had previous therapy, but as of July 09, 2013, he had only attended five sessions. He was also treated with an ankle stabilizing brace. The claimant was felt to have poor rehabilitation potential due to the chronicity of this problem since 2010 and failed to improve with five therapy sessions. The claimant has since been evaluated, and a lateral ligament reconstruction of the ankle as well as 24 postoperative therapy sessions has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post-operative physical therapy sessions for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: It is difficult to assess the medical necessity of the post-operative physical therapy. Though one practitioner suggested that the claimant had a 3+ anterior drawer, a different

practitioner in June of 2012 suggested that the claimant has a "normal anterior drawer test." The ankle was felt to be stable to clinical testing at that time. However, the same physician also indicates that the claimant "has a significant degree of inversion at both ankles," which would correlate with significant laxity. It is notable that the MRI does not indicate a complete rupture of the anterior talofibular ligament but rather only mild attenuation. Furthermore, it does not appear that stress radiographs were undertaken. At this time, I am only asked about the post-operative therapy and not specifically about the ankle reconstruction procedure. Assuming the reconstruction procedure has been authorized, the guidelines would allow for up to 34 post-operative sessions over 16 weeks. The initial course of therapy, per guidelines, would allow 17 total visits before a repeat evaluation. The initial request for 24 sessions would therefore exceed the guideline allowance of up to 17 visits as an initial course of treatment. The request, therefore, is not medically necessary or appropriate.