

Case Number:	CM13-0034899		
Date Assigned:	12/11/2013	Date of Injury:	11/08/2011
Decision Date:	02/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 37-year-old male with the date of injury on 11/8/11. The UR letter is dated 9/25/13 and recommends denial of additional physical therapy of 3X3 (9) for the right ankle, as submitted by [REDACTED] stating the patient has already received 29 treatments. The patient was injured in a motor vehicle accident while on motorcycle patrol where he injured his right ankle and both wrists. According to [REDACTED] 9/23/13 report, the patient's diagnoses include status post right ankle arthroscopic debridement, hardware removal on 5/28/13; post status reduction internal fixation w/hardware on 11/8/11; and left wrist scaphoid malunion/arthritis. The patient complains of swelling in the right ankle with persistent pain, but he can walk on it. [REDACTED] notes moderate tenderness and swelling across the anterior aspect of the ankle, 0 degrees dorsiflexion, 30 degrees planter flexion, pain at both extremes. The 807 pages of medical records confirm only 9 physical therapy visits for the right ankle from 8/9/13 - 8/28/13 after the 5/28/13 ankle surgery

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right ankle (9 sessions): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS recommends 21 physical therapy visits over 16 weeks for post-surgical therapy related to an ankle fracture, which is to be provided within the 6 month timeframe post-surgery. The medical reports provided indicate the patient received 9 physical therapy visits for the right ankle from 8/9/13 - 8/28/13. There are indications of extensive PT for the wrists. The UR determination that denied the 9 sessions PT request cites all of the same documents provided for this review, none of which confirm or imply the delivery of physical therapy for the right ankle, other than the 9 mentioned. It does not appear that the 21 PT visits allowed by MTUS post-surgery were exhausted within the 6-month post-surgery period, at the time of the UR denial, and the request for 9 additional sessions would not exceed 21 visits allowed. Therefore, recommendation is for authorization.