

Case Number:	CM13-0040594		
Date Assigned:	12/20/2013	Date of Injury:	07/05/2012
Decision Date:	04/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, and is licensed to practice in Arizona. 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:

The injured worker is a 52 year old woman with a work related injury that resulted in left ankle pain with a diagnosis of ankle sprain. The patient failed conservative treatment and had an MRI that showed a tear of the anterior talofibular ligament. The patient received surgical correction on 3/8/13. The procedure was repair of the left anterior talofibular ligament with lateral stabilization. After the appropriate time the patient had post-operative physical therapy (PT) with 18 sessions ordered. Physical therapy notes are brief and don't describe functional improvement. The treating surgeons progress notes describe improvement in pain and ability to walk. She received a post-op steroid injection due to continued pain and restriction of motion and noted improvement. On 9/19/13 it is noted by the treating surgeon that the injured worker has returned to full weight bearing in regular shoes without an analgesic gain. The exam showed equal range of motion and motor strength in both ankles with paresthesias to the left 4th and 5th toes. She was returned to full duty the following day. Further PT was ordered. On 10/24/13 a utilization review denied further PT (2x/week for 6weeks) as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OP PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS (2 X 6) FOR THE LEFT ANKLE: Overturned

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

Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute & Chronic): Physical Therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 12-14.

Decision rationale: The injured worker is diagnosed with left ankle pain due to a left ankle sprain with a tear of the anterior talofibular ligament. On 3/8/13 she had surgical intervention due to an ankle sprain. She has improved functionally with decreased pain and a return to work on 9/20/13 with the use of physical therapy with an exam that shows equal motor strength and range of motion of both ankles. According to the MTUS Postsurgical Treatment Guidelines, for surgical repair of an ankle sprain the patient is allowed 34 visits of PT over 16 weeks. The patient has had 18 visits with documented functional improvement. An additional 12 visits of PT would be considered appropriate. The request is medically necessary and appropriate.