

<b>Case Number:</b>	CM13-0042069		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported injury on 01/27/2012. The mechanism of injury was the injured worker's foot was crushed between a dock end plate and the dock. The injured worker had an ORIF with a bone graft on 01/27/2012. The injured worker had a medial malleolus with hardware removal from the fibula on 04/25/2013. The injured worker had been approved for 24 visits, per the clinical documentation. PR-2 of 09/09/2013 revealed the injured worker was making slow and steady progress in physical therapy. The injured worker's balance was noted to be improving, and the injured worker was noted to have some pain at the medial ankle. The injured worker had range of motion limited to 10 degrees of dorsiflexion and 30 degrees of plantar flexion. The diagnoses include synovitis of the left ankle, and status post saucerization of the medial malleolus. It was documented that the injured worker had made some progress in physical therapy, but was not ready to return to work. The injured worker was a truck driver, which involved a lot of clutch work with the left foot, and, therefore, the injured worker needed additional therapy. The plan included an additional 6 weeks of physical therapy 2 times a week to work on gait, balance, strength, and range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY FOR THE LEFT ANKLE, TWO (2) TIMES PER WEEK FOR SIX (WEEKS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Guidelines recommend postsurgical treatment for a fracture of an ankle of 21 visits. The clinical documentation submitted for review indicated the injured worker had been authorized for 24 visits of postoperative treatment. There was a lack of documentation to indicate how many of those 24 sessions had been utilized. The physician documentation indicated that the injured worker was making slow, steady progress and had remaining pain. There was a lack of documentation of objective functional improvement and objective remaining functional deficits to support the necessity for ongoing therapy. The injured worker was a truck driver and had a necessity to use his left foot for clutching. There was a lack of documentation indicating a necessity for exceeding guideline recommendations with 12 more visits without re-evaluation. Given the above, the request for additional physical therapy for the left ankle 2 times per week for 6 weeks is not medically necessary.