

<b>Case Number:</b>	CM13-0050800		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 32-year-old man who sustained a work-related injury on March 28 2013. Subsequently, he injured and developed chronic pain on his right ankle. The patient had an MRI which revealed a tear to calcaneofibular. [REDACTED] performed surgery on August 05 2013: modified Brostrom ankle reconstruction. The patient was casted for 2 weeks and developed DVT in his calf. He was placed on a blood thinner and put in another cast for 3 more weeks. On October 1st 2013, his physical examination demonstrated minimal swelling, small abrasion from rubbing on his boot is appreciated on the posterior lateral ankle but appears to be very superficial with no signs for infection, negative anterior drawer sign, and restricted subtalar inversion. The provider requested authorization for additional post op physical therapy.

### 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 RIGHT ANKLE QTY: 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 98.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy

expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The patient already had 12 sessions of physical therapy with some improvement of his condition. However there is no rationale for adding 12 more sessions of physical therapy. Therefore, the request for additional 12 sessions of physical therapy is not medically necessary.