

Case Number:	CM13-0053253		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2009
Decision Date:	04/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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 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:

According to the records made available for review, this is a 49-year-old male with a 10/6/09 date of injury. At the time (10/15/13) of the Decision for postoperative physical therapy for the left ankle, there is documentation of subjective (left ankle pain) and objective (tenderness over the ATF as well as deltoid ligament, a little bit of swelling noted) findings, current diagnoses (sprain and strain of left ankle), and treatment to date (medication). There is no documentation that the patient is status post a surgical procedure or that there is a pending surgery and a specified frequency or duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints, Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 34 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the

initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of a sprain and a strain of the left ankle. However, there is no documentation that the patient is status post a surgical procedure or that there is a pending surgery. In addition, there is no documentation of a specified frequency or duration. Therefore, based on guidelines and a review of the evidence, the request for postoperative physical therapy for the left ankle is not medically necessary.