

<b>Case Number:</b>	CM13-0063478		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	05/10/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/20/13. Previously, 16 sessions of physical therapy had been completed. The 11/21/13 medical report identifies continued pain on the inside of the ankle area, not where the fracture is. The podiatry recheck on 8/30 was noted to encourage increased weight bearing and x-rays show near-anatomical union at the fracture site. The injured worker is still using a cane and post-op shoe. On exam, there is mild swelling and tenderness and the dorsiflexion and plantar flexion is decreased. The X-ray shows non-displaced fracture of fibula.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY FOR SIX SESSIONS TO THE ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy Section

**Decision rationale:** Regarding the request for physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The Official Disability Guidelines

(ODG) recommends up to 12 PT visits in the medical management of ankle fractures. Within the documentation available for review, there is documentation of completion of 16 of 18 authorized PT sessions at the time of the request, but there is no documentation of specific objective functional improvement with the last sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of supported PT sessions for this injury. In light of the above issues, the currently requested physical therapy is not medically necessary.