

Case Number:	CM13-0066401		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2013
Decision Date:	05/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 63 year old male with date of injury 4/15/13. The treating physician prescription dated 10/8/13 states post right ankle surgery physical therapy 3 x 4. The 9/10/13 treating physicians report states the patient underwent right ankle surgery on 4/19/13. The current diagnoses are: 1.Fracture trimalleolar, closed, right, primary 2.Dislocation of distal end of tibia, closed, right 3.Sprain of deltoid ligament of ankle, right The utilization review report dated 11/15/13 denied the request for PT 2-3 x 6 based on the rationale that the patient had completed 36 post surgical PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY TWO TO THREE TIMES A WEEK FOR SIX WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents 6 months post surgical repair of right trimalleolar fracture. The current request is for PT 3x6. The treating physician states, "The patient has intermittent, slight pain in his right calf, minimal tenderness to palpation, soft tissue swelling,

range of motion is 75% and neurovascularly examination is intact. Request authorization for additional PT 3x4." The utilization review report indicates that the patient has had 36 post surgical PT treatments. The MTUS post surgical treatment guidelines state that for, "Fracture of ankle, Trimalleolar (ICD9 824.6): Postsurgical treatment: 21 visits over 16 weeks *Postsurgical physical medicine treatment period: 6 months." The treating physician has failed to document the total number of post surgical PT visits performed. Based on the available information, however, the patient appears to have had more than 21 post-operative therapy sessions. The physician has not documented any rationale as to why the patient is unable to participate in a home exercise program. Therefore, the request for continued Physical Therapy is not medically necessary.