

Case Number:	CM14-0005689		
Date Assigned:	02/05/2014	Date of Injury:	09/12/2012
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 27 year old female with a reported date of injury on 09/12/2012. The mechanism of injury was not provided in the clinical documentation available for review. According to the operative report dated 06/26/2013 the injured worker had a repair of the anterior talofibular ligament rupture of the left ankle. According to the clinical note dated 12/04/2013 the injured worker was attending physical therapy, which she stated was "helping" and also continued a home based exercise program. The physical therapy note dated 12/17/2013 stated that the injured worker was able to walk around [REDACTED] all day with no difficulty, increased tolerance to activity and limited pain. The injured worker complained of "aching" in her left ankle. The physical findings were decreased edema and minimal tenderness. The injured worker's medication regimen was not provided in the clinical documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY X12 LEFT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Physical Medicine Page(s): 98-90,Postsurgical Treatment Guidelines Page(s): 10-11.

Decision rationale: The CA MTUS guidelines states physical therapy 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. The guidelines state the postsurgical physical medicine period is six months. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24 visit limitation for physical therapy. According to the clinical notes dated 08/20/2013 and 12/19/2013 the injured worker has attended at least 20 physical therapy sessions. The request for an additional 12 visits exceeds recommended guidelines. Therefore, the request for continued physical therapy x12 left ankle is not medically necessary.