

Case Number:	CM14-0006356		
Date Assigned:	02/07/2014	Date of Injury:	05/15/2013
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine & Rehabilitation, 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 32-year-old male with a reported date of injury on 03/15/2013. The mechanism of injury was a slip and fall. The physical examination dated 12/03/2013 reported range of motion had improved and sensation continued to decrease. The progress note also reported pain upon palpation to the medial malleolus and anterior talofibular ligament. The injured worker underwent surgery on 03/18/2013 for an open reduction and internal fixation to the right ankle. The medications listed were naproxen, Norco, and omeprazole. The injured worker reported after completing his physical therapy sessions postoperatively that his pain had increased. The request for authorization form dated 12/03/2013 is for postoperative physical therapy three times a week for four weeks to the right foot, right ankle, and right lower extremity due to right ankle fracture status post open reduction and internal fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The request for post-op physical therapy to the right lower extremity is not medically necessary and appropriate. The injured worker has received physical therapy postoperatively for the right ankle fracture. The Postsurgical Treatment Guidelines for the fracture of the ankle recommend 21 visits over 16 weeks. The injured worker is reported to have completed the postoperative physical therapy sessions. However, there is a lack of documentation regarding the functional improvements during the course of therapy as well as the number of sessions completed. The injured worker reported after completing his physical therapy sessions that his pain had increased and his medications had not been reduced. Therefore, the request is not medically necessary and appropriate.