

<b>Case Number:</b>	CM14-0104923		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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 claimant is a 54-year-old gentleman who injured his right ankle on November 10, 2012. The records available for review document a fracture, for which the claimant underwent an open reduction and internal fixation of the right fibula and syndesmosis. Post-operatively, the claimant completed 60 sessions of physical therapy as of February 11, 2014. A May 9, 2014, progress report states that the claimant remains on light-duty work status. Physical examination showed a limp, calf atrophy and superficial peroneal nerve numbness. This request is for 12 additional sessions of physical therapy to build strength and endurance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks of the right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy for twelve sessions would not be indicated. For claimants with this clinical presentation, the Post Surgical Guidelines recommend up to 21 physical therapy visits over 16 weeks in the six-month period following surgery. This claimant's surgery occurred more than a year ago, and he has completed at least 60 sessions of physical therapy to date. The

reviewed records document no significant benefit in strength or function from the therapy already provided, and there is no rationale as to why the claimant could not transition to a home exercise program. The records also do not reference a trial of other forms of conservative care. Given that the request exceeds the Post Surgical Guidelines in both number of visits and timeframe from surgery, this request for 12 additional sessions of physical therapy was not medically necessary.