

<b>Case Number:</b>	CM14-0012262		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 and Rehabilitation, 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 53-year-old with an injury date of 04/15/11. Based on the 11/20/13 progress report provided by [REDACTED], the diagnoses include: 1. Ankle/foot arthralgia; 2. Abnormality of gait; 3. Late effect of fracture lower extremity; and 4. Aftercare surgery other. An exam of right ankle on 11/20/13 showed "Antalgic gait. Range of motion 20 on dorsiflexion, 50 at plantar flexion, 20 at inversion, 20 at eversion. Tenderness on palpation of right ankle, especially at medial and lateral joint. Positive for crepitus." An x-ray of right ankle on 9/4/13 showed anatomic ankle alignment, bone screw holes healing, and slight osteoarthritis of ankle joint. [REDACTED] is requesting physical therapy two (2) times per week for four (4) weeks for the right ankle. The utilization review determination being challenged is dated 1/22/14 and rejects the request, stating that the patient is able to continue with home exercise program. [REDACTED] is the requesting provider, and he provided treatment reports from 03/12/13 to 11/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS FOR THE RIGHT ANKLE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,25.

**Decision rationale:** This patient presents with right ankle pain upon prolonged walking/standing and is status post ankle surgery from May 2012 for open reduction and internal fixation (ORIF) of a right ankle fracture dislocation, and removal of painful hardware from lateral malleolus and medial malleolus on 05/03/13. The treater has asked for physical therapy two (2) times per week for four (4) weeks for the right ankle on 11/20/13 for "gait training, balance, strengthening." On 03/12/13, the patient performed a home exercise regimen. On 09/04/13, the patient has yet to begin physical therapy. On 10/11/13, the patient has discontinued the use of crutches and is using an ankle brace, and treater recommends the transition to a home exercise program. Review of the 11/20/13 report shows that the patient has completed six (6) sessions of physical therapy, and the patient can now walk for twenty (20) minutes without pain, but still feels unstable when not wearing a brace. The Postsurgical Treatment Guidelines recommend thirty (30) visits over twelve (12) weeks within six (6) months of ORIF surgery. Although the patient is more than a year removed from ankle surgery, recent removal of hardware has exacerbated ankle pain. The requested physical therapy for gait training is reasonable and within the guidelines for the patient's recent surgery. The request is medically necessary.