

<b>Case Number:</b>	CM14-0017905		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed progress notes, this patient initially injured his left wrist and ankle on February 25, 2013. On May 1, 2013 this patient underwent surgical treatment of ankle fracture (ORIF of talus and fibula) with application of allograft left side. On June 13, 2013 there is a request written by this patient's podiatrist for physical therapy for 2 to 3 times a week for 8 to 10 weeks. As of June 27, 2013 patient still had not initiated physical therapy to his left ankle. He was doing physical therapy for his wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY SESSIONS ON LEFT ANKLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENTS Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Postsurgical Treatment Guidelines, Page 12, Foot and Ankle.

**Decision rationale:** I have twice reviewed all 250 pages of the enclosed document and was unable to locate any physical therapy notes pertaining to patient's left ankle. There were

however, physical therapy notes for patient's risk. For this reason I am assuming that patient has not undergone any postsurgical physical therapy for his left ankle. Post operative physical therapy is a very important healing conduit. The MTUS guidelines for fracture of ankle (ICD9 824) state that postsurgical treatment, physical medicine and physical therapy, is authorized for 21 visits over 16 weeks. Furthermore, The MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels.