

Case Number:	CM14-0159641		
Date Assigned:	10/03/2014	Date of Injury:	09/26/2013
Decision Date:	11/13/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 24 year old male with an injury date on 09/22/13. Based on the 08/19/14 progress report provided by [REDACTED] the patient complains of right ankle pain. "The pain is increased with bearing weight and walking. He reports the pain to be a dull pain which he rates at a 4/10. He was given a double strap ankle brace for the right ankle." X-ray dated on 06/30/14 "reveal a non-union of an avulsion fracture to the distal aspect of the lateral malleolus." The record shows that MRI was taken on 10/24/13 with findings as fracture of the right ankle. His diagnoses include the following: 1. Non-union of avulsion fracture fragment to distal fibula, right 2. Lateral ankle instability, right 3. Peroneal tenosynovitis, right [REDACTED]. [REDACTED] is requesting for post op physical therapy of right ankle. The utilization review denied the request on 09/04/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/22/14 to 09/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY OF RIGHT ANKLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & foot chapter, Physical therapy

Decision rationale: According to the 08/19/14 report by [REDACTED], this patient presents with right ankle pain. The treat is pre-requesting physical therapy with unknown number sessions for the right ankle. The patient is to have "right ankle arthroscopy, right Brostrum lateral ankle stabilization, and avulsion fracture fragment excision" soon and appears to be schedule for 9/22/14. For fracture of the ankle, ODG guidelines recommends 21 visits over 16 weeks and post-op time frame is 6 months. Given the patient's pending surgery, post-operative therapy will be required. However, the treater does not specify how many sessions. ODG allows up to 21 sessions for this kind of problem. Recommendation is for denial.