

Case Number:	CM14-0166952		
Date Assigned:	10/14/2014	Date of Injury:	03/27/2011
Decision Date:	11/17/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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:

47-year-old male claimant with an industrial injury dated 03/27/11. The patient is status post a right ankle medial malleolar osteotomy with ACI cartilage transplant on 4/25/14. X-rays dated 07/17/14 reveal that the screws in the right ankle are in stable alignment. Exam note 08/26/14 states the patient returns in regards to the right ankle. The patient has had ongoing therapy sessions. Upon physical exam the patient had the brace removed. There was no evidence of tenderness to palpation and no swelling. The patient had an almost full range of motion. The patient had muscle strength of 4-5/5 in all planes with no instability revealed. Treatment includes 8-12 additional physical therapy sessions for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy times 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot

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

Decision rationale: CA MTUS/Post-Surgical Treatment Guidelines, Ankle section, page 13, recommends 34 visits of 6 months for post-surgical treatment for ankle sprains. In this case the

exam note from 8/26/14 fails to demonstrate how many visits have thus far been completed or what functional improvement has occurred. Therefore the request for 12 visits of postoperative therapy are not medically necessary.