

<b>Case Number:</b>	CM14-0173786		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational Medicine 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:

According to the provided documents, this is a 47-year-old male with a date of injury on 9/18/09. He was originally injured by lifting a heavy object onto a truck and rolling his ankle. He was treated conservatively initially. The disputed treatment to be reviewed is 12 physical therapy (PT) sessions for the left ankle with a reevaluation. This is addressed in a utilization review determination from 10/10/14. There are physical therapy reports for 19 sessions between 6/23/14 and 9/19/14. The physical therapy note from 9/19/14 listed a variety of exercises the patient did. It stated that he was on his feet the last 3 days in a row and his foot was a little sore but he tolerated well. The report indicated that the patient had shown improvements in strength, range of motion and functional mobility. He was tolerating increased weight bearing and strengthening exercises. There is a 9/5/14 orthopedic surgery PR-2 which indicates patient had a lateral ligament and peroneus brevis repair on 5/29/14. Diagnosis was left ankle instability and peroneus brevis tear. At that time the patient was walking, wearing regular shoes and continuing with physical therapy and home exercise program. The ankle is improving. Objective findings include some tenderness over the peroneal tendons posterior to the fibula, active range of motion was normal, anterior drawer test and talar tilt test was negative, strength was 5/5. Gait was nonantalgic and the patient was ambulating with no assistive devices. The report states that there was a change in the work status and modified duty-sedentary work only, no climbing, lifting or carrying. Walking on even ground only. Patient was not wearing his brace, and was to continue and maintain home exercise program activity and light walking with a follow-up in 6 weeks. In the 5/29/14 operative report it indicates that the procedures were repair of left peroneus brevis tendon and repair of left ankle lateral ligaments. There is no actual specific request for authorization or physical therapy prescription provided with the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 Physical therapy visits for the left ankle with re-evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-13.

**Decision rationale:** This patient is still within the six-month postsurgical physical medicine treatment period and therefore the postsurgical treatment guidelines apply, not MTUS chronic pain guidelines. Patient underwent lateral ligament reconstruction for chronic ankle sprain and therefore the post surgical treatment category would be ankle sprain which supports up to 34 sessions over 16 weeks. The documents clearly indicate patient has been making progress functionally with PT; he has been taken off of total temporary disability, range of motion and strength is improving but there are still gains to be made. He has had 19 sessions thus far, and the requested 12 sessions would put his total at 31 sessions and this is supported by guidelines and therefore is considered to be medically necessary. Reevaluation is appropriate when he has completed those sessions and that is also medically necessary.