

<b>Case Number:</b>	CM14-0025287		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 and is licensed to practice in Interventional Spine. 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 56-year-old male with date of injury 01/22/2013. Per 08/07/2013 progress report, the patient presents with worsening pain. Injection was not helpful with "squishy feeling" in the ankle joint. The patient feels unstable and does not wear brace or the short boot. Objective finding showed tenderness, increased pain with force inversion, paresthesia in the distribution of superficial peroneal nerve. Listed diagnoses are enthesopathy of the ankle and tarsus, mononeuritis at the lower limb, mild right ankle instability, right ankle impingement, right superficial peroneal nerve neuritis. Recommendation was for arthroscopic evaluation of the knee joint. 08/29/2013 is an operative report for right ankle arthroscopic debridement. The request for additional physical therapy 2 times a week for 6 weeks was denied by utilization review letter 12/09/2013. This report makes reference to 8 sessions of postoperative therapy authorized following surgery from 08/29/2013. The utilization reviewer's rationale was, "The records indicate that he has had previous physical therapy visits. The number of completed is not mentioned. Without this information along with documented functional progress, the medical necessity of this request is not substantiated."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX 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 MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

**Decision rationale:** This patient is status post right ankle arthroscopic surgery from 08/29/2013. Review of the reports shows that the patient has had 9 sessions of physical therapy from 09/11/2013 to 11/06/2013. It is not certain why the patient only had 9 sessions with sporadic reporting, but careful review of the therapy reports shows that there were no other therapy sessions in between. The current request is for physical therapy 2 times a week for 6 weeks. The patient is status post Brostrom procedure for ligament repair for ankle instability. California Medical Treatment Utilization Schedule (MTUS) Guidelines for postsurgical treatments allow up to 34 sessions of physical therapy following ankle strain postsurgical treatment which is similar to Brostrom's. Given that this patient only had 9 sessions, and report from 11/06/2013 shows the patient still only able to walk one block with high level of pain and diminished function, the request for 12 additional sessions of ankle is medically necessary and appropriate.