

Case Number:	CM14-0025921		
Date Assigned:	06/13/2014	Date of Injury:	12/06/2012
Decision Date:	08/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 & 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:

This patient is a 49-year-old male with date of injury of 12/06/2012. Per treating physician's report from 01/13/2014, patient had serial radiographs of the left and right ankles, with left ankle serial radiograph showing complete healing of the bone itself. Pain is starting to retract on the medial aspect of the left ankle. Regarding the right ankle, clear indication of nonunion of the fibular bone with misplaced internal fixation with a clear indication of impingement in the lateral aspect of the fibula as well as the medial aspects of the ankle joint with significant arthritic change is present in the ankle joint itself. Diagnoses are nonunion fibular bone in right ankle; bilateral fracture of the bilateral ankles; status post open reduction-internal fixation of nonunion of the left ankle; status post removal of the fixation of the fibula; left side tibial fracture with open reduction and internal fixation (ORIF) of bimalleolar fracture; right side bimalleolar fracture with non-healing fibular fracture, malaligned medial malleolus, anterior thigh contusion; and painful gait. "Under recommendations, the patient needs surgical intervention to remove the internal fixation, redo of the open reduction-internal fixation of the fibular bone on the right side and place the fibular bone back in an appropriate anatomical alignment. This should reduce impingement of the patient on the right ankle joint. Bone grafting may be required for nonunion and a bone stimulator. The patient, at this point, will begin physical therapy 3 times a week for a period of 6 weeks to the surgical ankle performed by the undersigned to the left ankle and proceed in that manner. We will schedule to proceed to surgery on the right as soon as it is approved and he is instructed to discontinue Cam walker use." There is an operative report dated 11/08/2013 for removal of 2-screw fixation on medial malleolus, re-open reduction-internal fixation of the tibia, removal of fixation from the fibula including 8 screws and 1 plate, application of posterior splint for non-weight bearing status. The 11/18/2013 report is reviewed,

which states that the patient is status post open reduction-internal fixation of the nonunion of the left ankle and is doing very well, demonstrating less pain overall. The patient wants to return next week for sterile dressing change, and the patient was temporarily totally disabled. Despite review of 401 pages of reports provided, there was no specific request for authorization (RFA) for postoperative physical therapy 3 times a week for 4 weeks other than RFA from 01/28/2014, which is for right knee arthroscopy, partial medial and lateral menisectomies along with postoperative physical therapy three times per week for four weeks (3x4), and this appears to be for the same patient with the same name and date of birth. There was no RFA for right ankle revision surgery and postoperative therapy per [REDACTED] request.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY THREE TIMES A WEEK TIMES FOUR WEEKS:

Overtured

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with bilateral ankle fractures with multiple surgeries. The patient recently had left ankle hardware removal and revision open reduction and internal fixation (ORIF) on 11/08/2013. The patient seemed to be doing well. The current request is for postoperative physical therapy 3 times a week for 4 weeks and this appears to be for a request following the proposed right ankle surgery, by [REDACTED] per report 01/13/2014. Review of the reports show that the patient did have some physical therapy what appears to be for 12 sessions per physical therapy report on 11/20/2013. However, this report addresses the patient's low back condition and does not mention either the ankle problems. It would appear, based on multiple therapy reports from July, October, and November, that the patient was receiving physical therapy for low back condition. Regarding postoperative care for malleolar fracture surgical treatment, 21 sessions of physical therapy is recommended with postoperative timeframe of 6 months per MTUS Guidelines. Therefore, the request for postoperative physical therapy 3 times a week for 4 weeks would appear reasonable. However, there is quite a bit of confusion regarding this specific request for 3x4 weeks. Per 01/13/2014 primary treating physician report, the request is for physical therapy 3 times a week for 6 weeks to follow the patient's recent left ankle revision surgery, which would appear reasonable. However, the current request for physical therapy 3 times a week for 4 weeks for what appears to be following the proposed right ankle revision surgery. These requests including one ankle revision surgery and postoperative physical therapy 3 times a week for 4 weeks was denied by utilization review letter dated 01/31/2014 and the argument was that there were conflicting reports regarding the right ankle condition. One orthopedist indicated the perfect alignment along with union whereas [REDACTED] indicated anatomic malalignment with nonunion requiring revision surgery. Based on conflicting reporting, the request for postoperative physical therapy was denied. The reason for medical necessity is that the patient did not have postoperative physical therapy following the left ankle surgery from 11/08/2013. The patient was doing well and a short course of physical therapy for the left ankle appears reasonable. Per [REDACTED] report on 01/13/2014, he seems

to be requesting some physical therapy for the patient's left ankle as well as asking for surgery of the right ankle. At any rate, the patient should be given some therapy to address the patient's left ankle problems given the surgery from 11/08/2013. Whether or not right ankle surgery as indicated can be sorted out later when additional information becomes available, recommendation is for medical necessity.