

<b>Case Number:</b>	CM14-0025962		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 49-year-old male who reported an injury on 07/27/2011 of an unknown mechanism. The injured worker underwent an ankle debridement on 11/12/2013. On 01/17/2014 the injured worker complained of posterior numbness and tenderness on the right ankle. On the physical examination, it was noted that there was active dorsiflexion on the right, 4+/5 degrees and the plantar flexion was 50 degrees, inversion 25 degrees and eversion was 15 degrees. There was a 4-/5 weakness on the right plantar flexion an eversion. It was also noted that the injured worker had significant discomfort and intermittent pain in the Achilles on a daily basis. The pain was in the same area the injured worker had prior to surgery. It was also noted the injured worker had been treated with physical therapy for the right ankle from 12/06/2013 to 01/17/2014 with 18 post-operative physical therapy visits. There were no medications noted on the physical exam. The diagnoses included a right ankle debridement and sprain and strain of the right ankle. The treatment plan included to continue physical therapy for 3 times a week for 4 weeks for the right ankle. The authorization for request was submitted on 02/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT ANKLE:** Upheld

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

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

**Decision rationale:** The request for post-operative physical therapy 3 times a week for 4 weeks for the right ankle is not medically necessary. The injured worker underwent an ankle debridement on 11/12/2013. He states he has posterior numbness and tenderness on the right ankle. He had completed 18 sessions of post-operative physical therapy for his right ankle. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend 9 physical therapy visits over 8 weeks for a post-surgical enthesopathy of the ankle tarsus. Per the document provided the injured worker has already completed his post-operative physical therapy of 18 visits and his recommended daily home exercise program. The request for an additional 12 visits will exceed the amount of postsurgical physical therapy visits per the guideline since the injured worker had already completed 18 initial sessions for the duration of his care. Given the above, the request is not medically necessary.