

Case Number:	CM14-0027655		
Date Assigned:	06/13/2014	Date of Injury:	08/01/2013
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 Maryland. 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 50 year old male was injured at work on 8/1/13. This occurred when he was loading debris onto a truck and stepped on the side of plank and fell with the plank falling onto left ankle resulting in fracture and dislocation of talus on 8/1/13. He underwent an incision and drainage of the open fracture with open reduction and internal fixation of the medial malleolar fragments and reduction of the re-dislocation of the ankle on 8/1/13. His treatment has included 24 post op physical therapy visits per documentation. Under consideration is a request for physical therapy 2 times per week x 6 weeks left ankle. A 10/11/13 post op follow up states that the patient comes in for follow up on his left ankle surgery. The patient does not complain of having any pain in his left ankle. He does however complain of low back and left hip pain that has been ongoing since a few weeks after his left ankle surgery. He is currently using his walker to ambulate. On exam the sensation is intact in the bilateral lower extremities. His knee extension/flexion, extensor hallicus longus and flexor hallicus longus, ankle dorsiflexors and plantar flexors, inverters and evertors are normal strength. His knee and ankle reflexes are 2+ bilaterally. There is no evidence of joint effusion or atrophy in the bilateral lower extremities. There is full bilateral lower extremity range of motion. The joints are stable to stress testing. No evidence of dislocation or subluxation. The patient is ambulating with a walker and a walking boot. The left ankle range of motion is limited. Three view x-rays of the ankle (left) was ordered and in the office revealing the soft tissue planes are normal with no swelling or soft tissue lesions. The bony elements show good positioning of the fracture fragments with no loss of ankle joint mortise. He was advised to advance his weightbearing status and range of motion exercise and gentle strengthening. A stirrup ankle brace was issued. A prescription for physical therapy was given to the patient. He will wean off the walker. The patient will be out of work for another several months regaining functioning and further healing. A 2/07/2014 progress report

documents the patient continued to complain of intermittent right ankle pain which is rated 6/10. He continued to take Norco for pain. The patient is performing his home exercise program with some improvements in strength and range of motion. He states he is having trouble going down the stairs and he is ambulating with a cane. On exam testing revealed that the patient was ambulating with a cane, and wearing athletic shoes with a brace to his left ankle. Range of motion in his ankle was lacking at 20 degrees. The patient had 75 percent of his normal range. It is stated that the patient was slowly improving incrementally.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6 WKS LEFT ANKLE, QTY: 12: 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 MTUS Postsurgical Guidelines recommend up to 21 visits for this condition. The documentation indicates that the patient has exceeded this number. There are no extenuating circumstances why the patient needs another 12 visits of therapy. According to the MTUS Postsurgical Guidelines, the patient should now be independent in a home exercise program. The request for physical therapy 2 x per week x 6 weeks is not medically necessary.