

<b>Case Number:</b>	CM14-0028274		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopedic Surgery 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:

27 year old female claimant with reported industrial injury 3/11/13. Claimant with diagnosis made of compound fracture of the right ankle. Exam note from 1/28/14 demonstrates diagnosis of chronic regional pain syndrome in the right lower extremity. Medical document 1/28/14 demonstrates diagnosis of complex regional pain syndrome in right lower extremity. Documentation made of positive anterior and posterior drawer test. Claimant with report of 32 sessions of physical therapy previously provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3X4 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:** Per the CA MTUS Post-Surgical Treatment Guidelines the claimant has already exceeded the 21 visits of physical therapy allotted. The exam note from 1/28/14 does not demonstrate any documentation of medical necessity requiring further physical therapy visits. Therefore the request is not medically necessary.