

Case Number:	CM14-0033481		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2013
Decision Date:	07/23/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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, Pain Medicine, and is licensed to practice in Texas. 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 51-year-old male who was injured on 9/26/2013, when he fell while walking down a stairwell. Past medical history has included left ankle surgery and post-op physical therapy. He is status post open reduction and internal fixation surgery of left ankle bimalleolar fracture. The patient has completed at least 22 post-surgical therapy visits. A prior utilization review determination dated 2/27/2014, modified the requested services of outpatient physical therapy two times a week times four weeks to the left ankle, to recommend certification of physical therapy for the left ankle two times a week for two weeks and non-certification of physical therapy for the left ankle two times a week for two weeks. The reviewer noted the patient still had some residual limited of range of motion and decreased muscle strength, and still required a cane for ambulation. It was expected that some additional physical therapy sessions would further increase the patient's functional capacity. According to Permanent and stationary report dated 5/13/2014, the patient is currently working at his customary job duties. The patient is complaint is mild discomfort of the left ankle. Physical examination documents 5/5 strength, range of motion within normal limits, stable gait, no tenderness, and surgical scars at the medial lateral ankle are all well healed. X-rays of the left ankle obtained in the office reveal status post left ankle bimalleolar ankle fracture open reduction and internal fixation (ORIF), all fractures healed, no arthrosis noted, hardware issues. The diagnosis is left ankle bimalleolar fracture. The patient has no ratable pain complaints. He has 0% whole person impairment (WPI). Future medical treatment: "you the patient should have provisions for additional authorizations, physical therapy likely harbor removal as an outpatient in the future."The patient was seen for a follow-up visit on 4/8/2014. He is still walking with a cane. He notes less edema, feels less pain with walking, experiences occasional random shooting pain, notes tenderness to touch over about the medial and lateral ankle. He can sleep through the night. He is working at his desk. The patient

does not feel he can climb a ladder, avoids difficult stairs, and feels he can ride a bicycle. Most pain occurs with walking. He feels his primary problem is limited range of motion, therapy helped the overall range of motion. He is attending physical therapy, he is benefiting from physical therapy, he is appealing the decision that denied additional physical therapy. Physical examination reveals, ankle joint range of motion is 20 degrees of freedom, otherwise range of motion is within normal limit, strength is 5/5, no instability, stable gait, no tenderness, and all wounds are healed. The plan includes: 1). Patient education. 2). Patient is pain, we will try and elastic brace and he is using a cane to avoid instability. 3). Weight bearing as tolerated. 4). Continue physical therapy is authorized. 5). Icing after home exercises. 6). return to clinic 5 weeks. 7). Call if problems. Work status is temporarily partially disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE LEFT 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: According to the MTUS Post-Surgical Treatment Guidelines, fracture of ankle, bimalleolar, post-surgical treatment (ORIF) consist of 21 visits over 16 weeks and post-surgical physical medicine treatment over six months period. In this case, the patient is nine months status post open reduction and internal fixation (ORIF) of left ankle bimalleolar fracture. The patient has completed at least 22 post-op physical therapy sessions. The patient has already received the recommended amount of supervised therapy under the MTUS post-surgical treatment guidelines. Furthermore, the patient has normal ambulation, no motor strength deficits and no range of motion deficits. The patient has obtained full functional capacity. The patient has been instructed in home exercise program. At this juncture, the patient should be well versed in a home program and can effectively utilize an [REDACTED] to maintain functional gains. The medical necessity of additional post-surgical physical therapy is not established. As such, the request for outpatient physical therapy (2) times a week times four (4) weeks to the left ankle is not certified.