

<b>Case Number:</b>	CM14-0034771		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Occupational 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 injured worker is a 46 year old female who sustained an injury to her left ankle on 11/13/12. Mechanism of injury was not documented. The injured worker continued to complain of constant, variable ache in the left lateral ankle at 6/10 on the visual analog scale. The injured worker was status post surgery for left ankle resection of painful os trigonum. The injured worker had been out of e-boot since 05/13; however, she still used it periodically for pain. Physical examination noted normal gait; mild left ankle swelling; active range of motion dorsiflexion 10 degrees, plantarflexion 50 degrees, eversion 15 degrees, inversion 25 degrees with pain; resisted tests were deferred; muscle length gastrocnemius decreased; palpation in the lateral ankle revealed tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-operative Physical Therapy for 6 sessions for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy.

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

**Decision rationale:** The request for additional post-operative physical therapy for 6 sessions for the left ankle is not medically necessary. Previous request was denied on the basis that the injured worker has already exceeded the recommended amount of post-operative physical therapy visit for the diagnosed injury. Records indicate that the injured worker has completed at least 52 post-operative physical therapy visits following the previous left ankle surgery. There was no additional significant objective clinical information provided for review that would support the need to exceed the California Medical Treatment Utilization Schedule (CA MTUS) recommendations, either in frequency or duration of physical therapy visits. Given this, the request for additional post-operative physical therapy for 6 sessions for the left ankle is not indicated as medically necessary.