

Case Number:	CM14-0038571		
Date Assigned:	06/27/2014	Date of Injury:	12/13/2012
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Georgia and Wisconsin. 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 who was injured on 12/13/2012. The mechanism of injury is unknown. She has been treated conservatively with 24 sessions of physical therapy. The patient underwent left lateral ankle stabilization with the use of Fiberwire to the left ankle and application of posterior splint for nonweightbearing status on 11/08/2013. Progress note dated 03/11/2014 reports the patient complained of foot pain and swelling. On exam, the lumbar spine has decreased range of motion with tenderness to palpation. The left ankle incision is well healed. Diagnoses are lumbar spine disc protrusion and status post left ankle surgery. The treatment plan consisted of physical therapy 3 x 4. Progress note dated 02/17/2014 indicates the patient continued to have restriction of range of motion of the left ankle and has difficulty with weightbearing and prolonged gait. On exam, she continues to show symptomatology of pain with swelling and restriction. On neurological exam, she exhibits numbing sensation over the lateral aspect of the ankle joint, but does report that physical therapy is helping. The Achilles and patellar reflexes are 2+/4 bilaterally and symmetrically. Muscle strength is 5/5 in all planes. She has difficulty with squatting, crouching, toe walking, and toe standing. Range of motion reveals dorsiflexion to 30 bilaterally; plantar flexion to 40 on the right and 30 on the left; inversion to 20 on the right and 15 on the left; and Eversion to 15 bilaterally. Diagnoses are left ankle strain/sprain, tear of the lateral collateral ligaments and instability of the left ankle, improved. It is recommended that the patient proceed with physical therapy to continue strengthening exercises, range of motion exercises and functional restoration. Prior utilization review dated 03/24/2014 states the request for 12 Physical Therapy Sessions for the Left Ankle between 03/18/2014 and 05/02/2014 is certified and has been modified to 6 therapy session 2 visits per week for 3 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, online edition, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine> Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Left Ankle >, < Physical therapy>.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and ODG recommends up to 34 physical therapy sessions over 16 weeks for post-surgical treatment of ankle. The medical records provided document that patient has completed 22 physical therapy sessions already. Upon mutual agreement 6 more visits over 3 weeks were approved. It is also noted that based on documented improvement, additional 12 visits would be excessive and not medically necessary.