

Case Number:	CM14-0048193		
Date Assigned:	07/02/2014	Date of Injury:	03/19/2014
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 49-year-old male with a date of injury of 03/19/2014. The listed diagnoses per the treating physician are sprain of tibiofibular, and right distal of ankle, closed fracture of the shaft of tibia along right, status post syndesmotom repair right ankle with tightrope, date of surgery is 04/03/2014. According to progress report 04/16/2014 by the treater, the patient is 2 weeks status post syndesmotom repair of the right ankle. Overall, the patient was doing well. The examination revealed moderate swelling about the right ankle. The patient range of motion is limited secondary to immobilization. Incision is clean, dry, and intact. The stitches were removed. There was no erythema or drainage noted. The request is for initial physical postoperative therapy for the right ankle twice a week for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Initial post-operative physical therapy for the right ankle, twice a week for 3 months:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Angle and Foot](https://www.acoempracguides.org/Angle%20and%20Foot); Table 2, Summary of Recommendations, Ankle and Foot Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot.

Decision rationale: This patient is status post syndesmotic repair of the right ankle. The treating physician is requesting post operative physical therapy twice a week for three months. The MTUS post surgical guidelines for ankle sprain, recommends 34 visits over 16 weeks. The medical records indicate the patient has not yet started post operative physical therapy. In this case, the treating physician's request for 24 post operative sessions is within guidelines and recommendation is for approval. As such, the request is medically necessary.