

Case Number:	CM14-0055915		
Date Assigned:	07/09/2014	Date of Injury:	11/19/2013
Decision Date:	09/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 58 year old female who sustained an industrial injury on 11/19/2013. She slipped into a ditch and sustained a trimalliolar fracture of the right ankle. On 11/22/2013, she underwent closed reduction of right ankle with application of EBI Biomet External Fixator, right ankle/tibia. On 12/09/2013 she underwent ORIF for the trimalleolar fracture, application short-leg cast and removal of external fixator, right ankle/tibia. The patient was re-evaluated on 1/28/2014. Ankle 3 view X-rays obtained on 1/28/2014 reveal the fibular is completely healed with fixation in place, no loosening of screws. The medial aspect of the ankle shows medial malleolus fracture slowly healing. There has been no loss of position of the medial malleolus. She is non-weight bearing with a cam walker. She denies any significant pain or discomfort. On physical examination, all incisions are completely healed along the medial and lateral aspect of the right ankle, there is 2+ edema along the anterior aspect of the foot. Right ankle ROM is severely diminished with 20 degrees plantarflexion, -5 degrees dorsiflexion, 5 degrees inversion and eversion. There is healing ulcer along the anterior aspect of the ankle measures 1cm x 1 cm and is fully granulated, the ulcer has no depth. Modified duty, she is working from home doing her regular job duties. Treatment recommendations are begin weight bearing as tolerated with cam walker, PT 3x6weeks, wound dressing daily, and return in 2 weeks for followup evaluation. A prior peer review dated 2/25/2014 approved the request for CamBoot ROM brace, and denied the request for PT x 24. It was unknown how many physical therapy sessions the patient has yet completed, and so the medical necessity of additional PT was not medically necessary. According to the PT progress report dated 3/7/2014, objective findings are ROM: right - dorsiflexion 7 degrees, plantarflexion 22 degrees, 19 degrees eversion, inversion 21 degrees; left - dorsiflexion 15 degrees, plantarflexion 30 degrees, inversion 40 degrees eversion 30 degrees. Strength of the right ankle 2+/5, general lower extremity strength 3+/5; left lower extremity 5/5. Minimal pitting

edema of the foot/ankle, fracture blister abs healed, other incision sites are closed and healed appropriately. Plan is PT 2-3 x/week x 8 weeks. A peer review dated 3/21/2014 modified the request for additional PT right ankle x 18 visits, to allow 9 sessions. It is not clear how many previous PT visits were completed for the postoperative ankle. The patient has a new diagnosis of tenosynovitis (3/4/2014), the guidelines allows 9 sessions over 5 weeks for tendonitis. A prior peer review dated 3/21/2014 modified the requested additionally physical therapy x 18, to allow 9 sessions. The patient was recently re-evaluated on 4/1/2014. X-rays obtained show there has been no interval changes at the right ankle. There is still delayed union at the medial malleolus, the fibular appear completely healed. Physical examination reveals all incisions are completely healed along the right ankle medial lateral aspect. She has 2+ edema at the right ankle, 1+ erythema. There is no cellulitis. ROM is 5 degrees dorsiflexion, 10 degrees plantarflexion, 5 degrees inversion and eversion at the subtalar joint. There is 2+ tenderness on palpation along the medial malleolus and no tenderness at the fibula. The assessment is s/p trimalleolar fracture ORIF, tenosynovitis of the ankle joint, and delayed union of the medial malleolus. Recommendations are continued PT and ROM exercises, increase activities and weight bearing, and wear shoes around the house and cam walker for long distances. On 4/1/2014, continued PT 3x3 week was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 18 visits.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines. Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: The patient is 9 months status post ORIF of right ankle trimalleolar fracture. Additional PT x 9 sessions was authorized in 3/2014, to address the added diagnosis of tenosynovitis/tenovitis of the ankle. It is not clear how many session for PT the patient has completed to date. In addition, comparison of the 1/10/2014 and 3/7/2014 PT progress reports do not reflect notable improvement with rendered therapy. It is not apparent that the patient has benefited from rendered therapy. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Given that the total number of sessions completed to date is not clear and objective improvement with therapy is not apparent, the medical necessity of additional physical therapy has not been established.