

Case Number:	CM14-0060893		
Date Assigned:	07/09/2014	Date of Injury:	09/17/2013
Decision Date:	08/11/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 injured worker is a 34-year-old male who reported an injury on 09/17/2013. The mechanism of injury was not provided in the medical records. His diagnosis was a closed fracture of the tibial plafond with fibula involvement. His previous treatments included medication, physical therapy, and surgery. Per the clinical note dated 03/21/2014, the injured worker was in for a recheck of his right ankle status post open reduction and internal fixation of the right ankle on 10/14/2013. The physician reported he was doing well with some swelling and soreness, and was using a cam walker. On physical examination of the right ankle, the physician reported the incision was clean and dry, intact and healing well. There was no pedal edema, and there was a negative Hoffman's bilaterally. He was ambulating with a wheelchair, and the dorsiflexion/plantarflexion was 0 to 30 degrees. The physician indicated the injured worker still had some pain, swelling, and stiffness, and advised him to wean from using the boot. The treatment recommendation was for 12 additional sessions of physical therapy for range of motion, strengthening, and gait training. Per the physical therapy note dated 04/14/2014, it was indicated the injured worker was returning for physical therapy. The therapist reported pain was elicited in all planes of movement. On assessment, the therapist noted there was increased tenderness and swelling of the right ankle, with decreased range of motion and muscle strength. The therapist treatment plan goal was for the injured worker to improve gait with crutches and partial weight bearing on the right leg. Within the most recent clinical note dated 06/09/2014, the injured worker was in for a recheck of his right ankle and indicated he still was having pain and swelling. He reported he had completed physical therapy and had found no relief. On examination of the right ankle and foot, it was negative for edema and had a negative Hoffman's sign bilaterally. The physician reported the dorsiflexion/plantar flexion was -5 to 20 degrees. The current request is for 12 additional physical therapy sessions to the right ankle. The

rationale for the request was to increase range of motion and strengthening. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy (PT) Sessions to the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers compensation, 8th edition, 2013 on ankle/foot PT; ODG Physical Therapy Guidelines.

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

Decision rationale: The California MTUS Guidelines for postsurgical physical medicine treatment for the ankle and foot is recommended for exercise program goals should include strength, flexibility, endurance, coordination, and education. The guidelines state following a fracture of the ankle, postsurgical treatment may include 21 visits over 16 weeks and the treatment period is 6 months. The documentation provided indicated the injured worker had the surgical repair of his ankle on 10/14/2013, and had received postoperative physical therapy. The clinical note indicated the injured worker had completed physical therapy and reported that he had no improvement with the therapy. Postoperative physical therapy is only recommended for 6 months in duration. The injured worker was noted to have completed previous sessions of physical therapy; however, the documentation provided failed to include information to indicate if the injured worker had made functional gains with the therapy to support additional therapy. The medical records were unclear to indicate if the injured worker was participating in a home exercise program. The request also exceeds the number of sessions supported by the guidelines. As such, the request for 12 additional physical therapy sessions to the right ankle is not medically necessary and appropriate.