

Case Number:	CM14-0145379		
Date Assigned:	09/12/2014	Date of Injury:	06/20/2013
Decision Date:	07/01/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male with a June 20, 2013 date of injury. A progress note dated July 22, 2014 documents subjective findings (right ankle pain; pain rated at a level of 6/10), objective findings (ankle joint range of motion painful throughout; increased tenderness; mildly antalgic gait), and current diagnoses (chronic right ankle sprain; anterior ankle synovitis with impingement, right; medial malleolar avulsion fracture, right). Treatments to date have included chiropractic treatments (aggravated the pain), topical medications (discontinued due to adverse reaction), acupuncture (no benefit), and computed tomography scan of the right ankle (July 9, 2014; showed possible avulsion fracture of the medial malleolus, slight irregularity of the tip of the lateral malleolus with associated soft tissue swelling, and mild degenerative changes). The medical record identifies that the injured worker does not want to take oral pain medications due to hypertension. The treating physician documented a plan of care that included right ankle surgery and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

34 Post Op Physical Therapy visits (Days Requested: 34): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: CA MTUS post surgical treatment guidelines, ankle sprain, page13, recommends 34 visits over 16 weeks and treatment duration of 6 months. Initially half the visits are recommended pending re-evaluation. In this case, the request exceeds the guidelines and is not medically necessary.