

Case Number:	CM14-0182939		
Date Assigned:	11/07/2014	Date of Injury:	03/06/2011
Decision Date:	01/07/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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:

This is a 65 year old female who suffered an industrial related injury on 3/5/14 after twisting her ankle and falling. A treating physician's report noted the medial malleolus was fractured and the lateral ligament of the right ankle was torn. The injured worker underwent a right ankle medial malleolus open reduction and internal fixation on 3/21/14. The utilization review (UR) physician noted the injured worker received 19 post-operative physical therapy sessions with reported improvement of complaints. A physician's report dated 6/30/14 noted the injured worker continued to have ankle discomfort. Physical examination findings included tenderness over the lateral aspect of the ankle and a slight amount of laxity on valgus stress. X-rays revealed the hardware was in a good position. Some mottling of the distal tibia and talus was noted due to disuse osteoporosis. The medial malleolus appeared to be healed. On 10/15/14 the UR physician denied the request for additional physical therapy 2 times per week for 6 weeks for the right ankle. The UR physician noted there is limited evidence of exceptional factors or ongoing significant findings in the ankle to support additional physical therapy. The UR physician noted there is no rational reason as to why continued gains could not be achieved through an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11 and 13.

Decision rationale: The post-surgical treatment for a fracture of the medial malleolus per guidelines is 21 visits over 16 weeks. The physical medicine treatment period is 6 months. The initial course of therapy is one half of these visits. With documentation of continuing objective functional improvement a subsequent course of therapy within the above parameters may be prescribed. If it is determined that additional objective functional improvement is likely, it may be extended further. The injured worker completed 19 post-operative physical therapy visits. The documentation from 9/8/2014 indicates knee pain for which a specific diagnosis was not given. The ankle was doing better. There is no reason why the injured worker could not transition to a home exercise program after completion of the 19 visits. Therefore the request for 12 additional physical therapy visits as requested is not supported by guidelines and as such is not medically necessary.