

Case Number:	CM15-0005716		
Date Assigned:	01/20/2015	Date of Injury:	01/25/2014
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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: Minnesota, Florida
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 injured worker is a 51 year old female, who sustained an industrial injury on January 25, 2014. The injured worker has reported a right ankle injury. The diagnoses have included a status post right anterolateral ankle ligament repair and modified Brostrom repair on August 1, 2014. Treatment to date has included pain medication, nineteen physical therapy visits and right ankle surgery. Current documentation dated December 9, 2014 notes that the injured worker was four months post-surgery of the right ankle and was advancing her strengthening with physical therapy. She no longer has right ankle pain or swelling. She did show weakness to plantar and dorsiflexion, inversion and eversion. On December 19, 2014 Utilization Review modified a request for extension of post-operative physical therapy, 12 visits to the right ankle to extension of post-operative physical therapy 6 visits to the right ankle. The MTUS, Posts-Surgical Treatment Guidelines and the Official Disability Guidelines were cited. On January 12, 2014, the injured worker submitted an application for IMR for review of an extension of post-operative physical therapy 12 visits to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension Post-op physical therapy to the right ankle 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The injured worker underwent reconstruction of the lateral ligaments of the right ankle on 8/1/2014. Per office notes of 12/9/2014 she was doing well. She was advancing her strengthening. There was one grade muscle weakness of dorsiflexion and plantar flexion, inversion and eversion of the right foot and ankle. The provider requested additional physical therapy 2 times a week for 6 weeks. California MTUS post surgical treatment guidelines pertaining to the ankle and foot recommend exercise program goals including strength, flexibility, endurance, coordination, and education. Patient is to be advised to do early passive range of motion exercises at home by a therapist. The post surgical treatment for ankle sprain is 34 visits over 16 weeks. The initial course of therapy is 17 visits and then with documentation of continuing functional improvement a subsequent course of therapy of additional 17 visits may be prescribed. The post surgical physical medicine treatment period is 6 months. The documentation indicates that the injured worker had completed 19 visits and another 12 visits were requested. This was modified by utilization review to 6 more visits. The injured worker was doing well and had good range of motion and strength in the foot and ankle, only one grade less than the contra lateral side. There was no reason why she could not transition to a home exercise program at that time. The request for 12 additional visits exceeded the guidelines for the initial course of therapy and as such, without documentation of continuing functional improvement, the request is not supported and the medical necessity of the request is not substantiated.