

<b>Case Number:</b>	CM15-0100498		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old male with an October 29, 2014 date of injury. A progress note dated March 20, 2015 documents subjective findings (feels stiffness to the right shoulder and right ankle; shoulder pain rated at a level of 5/10; ankle pain rated at a level of 7/10), objective findings (right ankle generalized swelling; range of motion 50%, and current diagnoses (rotator cuff rupture right shoulder; bilateral sprain of ankle; medial malleolus fracture right ankle). Treatments to date have included ankle surgery, medications, imaging studies, and an ankle cast. The treating physician documented a plan of care that included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The claimant sustained a work-related injury in October 2014 with injury to the right ankle and shoulder. He underwent ORIF of a right ankle fracture and a recent right rotator cuff repair. When seen, there was decreased ankle range of motion and swelling and lateral tenderness. Guidelines recommend up to 21 visits over 16 weeks after surgical treatment of an ankle fracture. In this case, the number of requested treatments is well within that recommended and is medically necessary.