

<b>Case Number:</b>	CM15-0141504		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	11/28/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Maryland

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

### 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 57 year old male with a November 28, 2014 date of injury. A progress note dated June 23, 2015 documents subjective complaints (left ankle, foot, and great toe pain; pain radiates into all the toes and up the lower leg to the knee; numbness and tingling of the left ankle, foot, all toes, and lower leg; anxiety and depression; bilateral shoulder, elbow, wrist buttock, and lower back pain due to using crutches), objective findings (scar over the lateral left foot and over the medial left foot; tenderness to palpation over the left lateral malleolus; range of motion is limited and painful), and current diagnoses (left bimalleolar ankle fracture, status post open reduction and internal fixation and revision surgery; left foot first metatarsal fracture; stress, anxiety, and depression). Treatments to date have included left ankle surgeries (left bimalleolar ankle fracture s/p ORIF 11/29/14 and revision 1/9/15); use of crutches, imaging studies, and medications. The medical record indicates that the injured worker received physical therapy following surgery but was unable to bear weight, and required inpatient skilled nursing rehabilitation for physical therapy. The treating physician requested authorization sixteen sessions of physical therapy for the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left ankle 2 x 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** Physical therapy for the left ankle 2 x 8 is not medically necessary per the MTUS Guidelines. The MTUS supports 21 post op visits for this surgery and a transition to an independent home exercise program. The documentation dated 6/23/15 indicates that after the first surgery, the patient attended 8-12 sessions of PT for the left ankle/foot in a rehabilitation facility and then in late April 2015 the patient underwent 18 PT sessions for the left foot/ankle, which helped. There is a 5/22/15 PT document, which states that the patient has increased left ankle range of motion passively and actively as measured in degrees. This document states that the patient has completed 12 PT sessions of PT and the patient is independent in a home exercise program. The documentation indicates that the PT is requesting 16 more PT sessions. The documentation is not clear on the exact number of total PT visits the patient has had all together. The documentation indicates that with an additional 16 visits of PT for this condition the patient is exceeding the MTUS Guideline recommendations. The documentation indicates the patient is independent in a home exercise program. There are no extenuating factors which would necessitate 16 more supervised therapy visits therefore this request is not medically necessary.