

<b>Case Number:</b>	CM15-0145387		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

The injured worker is a 61 year old male, who sustained an industrial injury on 11-12-2014. Diagnoses include right distal fibular fracture status post open reduction internal fixation (ORIF), left knee pain rule out left knee injury, lefty ankle bimalleolar fracture status post ORIF, left groin pain rule out left hip injury, right knee pain rule out right knee injury, right groin pain rule out right hip pathology and joint derangement ankle and foot. Treatment to date has included surgical intervention (ORIF and wound debridement, 2014 and skin grafting with leg pin removal, 2015) as well as diagnostics, medication management and physical therapy. Current medications include Gabapentin Omeprazole, Butrans and Meloxicam. A series of x-rays of the left ankle dated 3-09-2015 showed healing versus healed bimalleolar fractures with well-seated stabilization screws. X-rays of the tight tibia fibula dated 3-09-2015 showed internally fixated healing fracture distal tibia shaft, alignment grossly anatomic and a healing fractured fibula was noted. Per the Primary Treating Physician's Progress Report dated 6-02-2015, the injured worker reported pain in both knees and both ankles. He rates his pain without medications as 8-9 out of 10 and with his current medication, his pain is very well controlled at 2-3 out of 10. He is walking for exercise. He reports no side effects from medications. Physical examination revealed moderate lower extremity edema. He was able to ambulate with a slow and guarded posture and a slight step through gait. He was resting comfortably and in no acute distress. The plan of care included medication management, work restrictions and follow-up care. Authorization was requested on 6-29-2015 for physical therapy (3x4) for the bilateral ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x a week for 4 weeks for bilateral ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** Records indicate the patient has ongoing bilateral ankle pain. The current request is for Physical Therapy 3 x a week for 4 weeks for bilateral ankle. In the most relevant report dated 6/29/15, the treating physician states the plan is for non-operative treatment at this time. Physical therapy is prescribed. Plan further work-up with: CT scan of the right ankle to rule out nonunion. Schedule follow-up visit: after study is completed. Post surgical guidelines do not apply as the post surgical physical medicine treatment period of six months has been exceeded. The CA MTUS physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For Myalgia and myositis, unspecified: 9-10 visits over 8 weeks is recommended. In this case, there is no documentation noting the number of physical therapy sessions to date which have already been completed, or the functional response to the previous sessions. Furthermore, the current request of 12 sessions exceeds the MTUS guidelines, which allow 9-10 visits over 8 weeks. As such, the available medical records do not establish medical necessity for the above request. The request is not medically necessary.