

<b>Case Number:</b>	CM15-0160807		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

The injured worker is a 55-year-old male who sustained an industrial injury on November 10, 2014 resulting in right ankle pain. He was diagnosed with a closed fracture of the lateral malleolus. Documented treatment has included Motrin, home exercise, casting, a walking boot, and physical therapy, which the physician's report of July 15, 2015 states led to improvement. The injured worker continues to present with mild right ankle pain. The treating physician's plan of care includes 12 additional sessions of physical therapy for the right ankle. Work status is full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3xWk x 4Wks right ankle:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a lateral malleolus fracture of the right ankle in November 2014 treated with a cast and then a walking boot. He was evaluated for physical therapy on 03/26/15. He had been progressed to wearing a lace up brace. He was working light-duty. He felt close to being able to perform his full job duties. As of 04/15/15, he had completed three treatment sessions. Therapeutic content included instruction in a home exercise program. When seen, he was continuing to improve with physical therapy. He was having mild soreness and pain. Physical examination findings included eight mildly antalgic gait with normal range of motion, strength, and negative findings for instability. Imaging results were reviewed and had shown that the fracture had healed. Authorization for up to 12 additional physical therapy treatment sessions was requested. In terms of physical therapy for this condition, guidelines recommend up to 12 treatment sessions over 12 weeks and the claimant has already had some physical therapy including instruction in a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.