

<b>Case Number:</b>	CM15-0160864		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/28/2014
<b>Decision Date:</b>	09/30/2015	<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 57 year old male who sustained an industrial injury on 11-28-14. His initial complaint is unavailable for review. However, the injury was sustained when a trailer rolled onto his left foot. He presented to the emergency department and was diagnosed with fractures to the left great toe, left foot, and ankle. The PR-2, dated 8-11-15 indicates that the injured worker complained of pain in the left ankle and foot. He reported that the pain was "constant" and was limited mobility. The examination revealed "pain to the mid tarsal plantar region". No swelling was noted. He noted to use crutches for walking. His diagnoses included left bi-malleolar ankle fracture, status-post open reduction, internal fixation on 11-29-14 and revision surgery on 1-9-15, left foot first metatarsal fracture, and stress, anxiety, and depression. The treatment plan included physical therapy, which was noted to be "denied". However, it also indicates that he was "currently receiving physical therapy which helps somewhat". It was noted that the physical therapy was "being done on a private basis". Other treatment recommendations were to follow through with psychological consultation on 8-26-15, "graduate to a cane", and take Motrin three times daily. Neurontin and Norco were discontinued. He was to continue with weight bearing exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PT Sessions Left Ankle/Foot 2x6: Upheld**

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

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

**Decision rationale:** The claimant sustained a crush injury to the left foot and underwent ORIF of a bimalleolar ankle fracture and first metatarsal fracture in November 2014 with revision surgery in January 2015. He had postoperative physical therapy and, as of April 2015, he had completed 18 treatment sessions. When seen, he was having constant left ankle, foot, and first tone pain. Physical examination findings included decreased and painful ankle range of motion. There was lateral malleolar tenderness. He was ambulating with crutches. Authorization is requested for an additional 12 physical therapy treatment sessions. After the surgery performed, guidelines recommend up to 21 visits over 16 weeks with a physical medicine treatment period of 6 months after an ankle or metatarsal fracture. Concurrent treatments would be expected. In this case, the claimant has already had post-operative physical therapy. 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. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.