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| <b>Case Number:</b>   | CM15-0161300 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 01/27/2015 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 08/10/2015 |
| <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: California

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 27-year-old male, who sustained an industrial injury on January 27, 2015. He reported an injury to his right leg and underwent open reduction and internal fixation. Treatment to date has included diagnostic imaging, physical therapy, occupational therapy, pain medications, pain management and psychiatric therapy. Currently, the injured worker has continued lumbar spine, right lower extremity, right knee and right ankle pain. He has completed twelve physical therapy sessions and is noted to have weakness in the right lower extremity. He has restrictions in function secondary to pain and a decreased range of motion of the right ankle. On physical examination, the injured worker has left knee flexion to 120 degrees and he ambulates with a right antalgic gait. He uses a boot and wheelchair for ambulatory assistance. The diagnoses associated with the request include lumbar sprain, lumbar spondylolisthesis, lumbar disc degeneration, right knee sprain, right knee varus deformity, fracture of the tibia and fibula, status post open reduction and internal fixation of the tibia and fibula and deformity of the fibula at the ankle. The treatment plan includes Norco, psychiatric evaluation, home health assistance, and additional physical therapy to address the injured worker's abnormal gait, impaired functional mobility, strengthening of the right lower extremity, decrease a fall risk and improve community access.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 sessions of physical therapy for the right leg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The patient was injured on 01/27/15 and presents with lumbar spine pain, right knee pain, and right ankle pain. The request is for 16 sessions of physical therapy for the right leg. There is no RFA provided and the patient's current work status is not provided. The patient underwent a right leg open reduction and internal fixation (date of procedure not provided). The patient has completed at least 12 sessions of physical therapy to date. MTUS Post-Surgical Guidelines, Knee Physical Therapy, pages 24-25 recommend for up to 30 visits over 12 weeks for fracture of tibia and fibula. The post-surgical time frame is 6 months. The patient has a limited range of motion of the right ankle, has left knee flexion to 120 degrees, and ambulates with a right antalgic gait. He uses a boot and wheelchair for ambulatory assistance. The patient is diagnosed with lumbar sprain, lumbar spondylolisthesis, lumbar disc degeneration, right knee sprain, right knee varus deformity, fracture of the tibia and fibula, status post open reduction and internal fixation of the tibia and fibula and deformity of the fibula at the ankle. The 07/31/15 report states, "The patient has completed a course of physical therapy for the right lower extremity on July 21, 2015, and reports benefit. He would like an additional course to make further progress." It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. The request is not medically necessary.