

Case Number:	CM15-0167216		
Date Assigned:	09/04/2015	Date of Injury:	04/11/2014
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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 39 year old male with an industrial injury dated 04-11-2014. The injury is documented as occurring due to a fall down the steps injuring the left and right ankle. His diagnoses included status post right ankle reconstruction, tendon tear left ankle and Brostrom Gould procedure - ankle. Prior treatment included physical therapy and medications. He presents on 06-01-2015 with complaints of bilateral ankle pain. Physical exam noted swelling and tenderness on medial side of right ankle. Inversion and eversion stress was painful. There was mild swelling to medial and lateral side of left ankle. Inversion stress and eversion stress was painful. The provider documents "had therapy, good relief." The treatment request is for physical therapy 3 x wk x 4 wks for the right ankle.

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 for the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The patient presents with pain affecting the right ankle. The current request is for Physical therapy 3xWk x 4Wks for the right ankle. The treating physician report dated 5/19/15 (11B) states, "Continue physical therapy 3 x / week for 4 weeks." MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 34 sessions for ankle sprain. The MTUS-PSTG guidelines only provide a total of 34 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 11 sessions of prior physical therapy for the right ankle (24B). The patient is status post Brostrom-Gould procedure with ankle stabilization of the right ankle on 3/9/15(26B). In this case, the patient has received at least 11 visits of physical therapy to date and the current request of an additional 12 visits is within the recommendation of 34 visits as outlined by the MTUS-PSTG guidelines on page 12. The current request is medically necessary.