

Case Number:	CM15-0198378		
Date Assigned:	10/13/2015	Date of Injury:	05/06/2013
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Emergency Medicine

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 21 year old female, who sustained an industrial injury on May 6, 2013, incurring injuries to the right ankle. She was diagnosed with a non-union fracture of the right ankle. Treatment included physical therapy and home exercise program, orthotics, activity restrictions, Cam walker boot, pool therapy, pain medications, and topical analgesic patches. Currently, the injured worker complained of tenderness in the right ankle joint and increased pain in the heel of the foot. She used crutches for mobility. She underwent a surgical right ankle arthrodesis on March 17, 2015. She was diagnosed with osteoarthritis of the right ankle and foot. The increased pain and discomfort interfered with her mobility and activities of daily living. The treatment plan that was requested for authorization on October 8, 2015, included 8 physical therapy sessions to the right ankle with evaluation. There was no documentation of the number of previous physical therapy sessions the injured worker had in the past. On September 8, 2015, a request for 8 physical therapy sessions for the right ankle was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions, right ankle with evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: As per MTUS Post surgical guidelines, up to 21 PT sessions may be recommended for ankle fracture with nonunion. Documentation is rather vague concerning total number of PT sessions that has been attempted thus far, but PT note seems to show that patient has a total of 8 PT sessions approved with this current series of sessions as of 6/5/15. Patient is post arthrodesis revision on 3/15. Additional PT is likely still under maximum recommended number. Additional 8PT sessions are medically necessary.