

Case Number:	CM15-0204383		
Date Assigned:	10/21/2015	Date of Injury:	05/23/2014
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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 23 year old male, who sustained an industrial injury on May 23, 2014, incurring right ankle injuries. He was diagnosed with a right ankle ligament tear. Treatment included physical therapy, surgical intervention, bracing, pain medications, and activity restrictions. Currently, the injured worker complained of persistent right ankle pain rated 3 to 6 on a pain scale from 0 to 10. He noted difficulty sleeping, walking and running secondary to increased pain. Upon examination he was noted to have ankle tenderness and atrophy of the right calf. He had a limp, decreased range of motion and decreased sensation. The treatment plan that was requested for authorization included physical therapy twice a week for four weeks to the right ankle. On September 21, 2015, a request for physical therapy twice a week for four weeks was modified to two session of physical therapy by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 X 4 right ankle: Upheld

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: Review indicates the patient is s/p Brostrom procedure for right ankle ligament tear on 3/17/15 with postop PT. The patient had completed 20 postop PT visits with request for additional PT modified for 4 visits on 5/27/15. Current request for further PT of 8 visits to total 32 overall was again modified for 2 additional sessions for a total of 26 to date. MRI of the ankle dated 8/21/15 noted remodeling of the anterior talofibular ligament and healing of the calcanofibular ligament without fracture. The Chronic Pain Guidelines, post-operative therapy allow for postop PT visits over 16 weeks for ankle surgery over a postsurgical physical medicine treatment period. The patient has received at least 24 PT visits with recent 2 sessions authorized. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's ankle treatment is now over 8 months without documented functional limitations, complications, or comorbidities to allow for additional physical therapy. There is no reported functional improvement from treatment from the authorized PT visits already rendered and the patient should have the knowledge to transition to an independent home exercise program. The Physical therapy 2 X 4 right ankle is not medically necessary and appropriate.