

<b>Case Number:</b>	CM15-0204515		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 46 year old male, who sustained an industrial injury on 4-22-2014. The injured worker is being treated for ankylosis of right ankle. Treatment to date has included surgical intervention (right ankle arthroscopy 2/26/15) followed by physical therapy (20 sessions). Per the Primary Treating Physician's Progress Report dated 9-25-2015, the injured worker presented for orthopedic follow-up of the right ankle and foot. He reported that he has completed approximately 20 sessions of outpatient physical therapy totally, and feels that they have immensely helped draw his pain down to 2 out of 10 from 5 out of 10 prior to the last round of physical therapy. Objective findings of the right ankle included tenderness to palpation of the anterior talofibular ligament. Work status was modified. The plan of care included an additional round of physical therapy primarily for strengthening. Authorization was requested on 10-05- 2015, for 8 additional sessions of physical therapy (2x4) for the right ankle. On 10-08-2015, Utilization Review non-certified the request for 8 additional sessions of physical therapy (2x4) for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, right ankle, 2 times weekly for 4 weeks, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.  
Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Review indicates the patient is treating for ankylosis of right ankle s/p arthroscopy on 2/26/15 with completion of 20 post-op PT visits. It has been noted the patient has made improvement with decreased pain level from PT; however, the patient remains on significant unchanged work restrictions and it is unclear if limitations are accommodated. Request is for an additional 8 sessions of PT for total of 28 visits. The Chronic Pain Guidelines, post-operative therapy allow for 9 visits over 8 weeks for ankle surgery and enthesopathy of ankle and tarsus within the 8 visits for peroneal tendon repair over 3 months with rehab period of 4 months. The patient has received a significant amount of 20 PT visits. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria without extenuating circumstances, new injury, or post-op complications. The patient's ankle treatment is now over 9 months without documented clear functional limitations or noted post-surgical complications, or comorbidities to allow for additional physical therapy. The patient should have the knowledge to transition to an independent home exercise program as already done. The Additional physical therapy, right ankle, 2 times weekly for 4 weeks, 8 sessions is not medically necessary and appropriate.