

Case Number:	CM15-0041440		
Date Assigned:	03/11/2015	Date of Injury:	07/29/2014
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 45 year old male with an industrial injury dated July 29, 2014. The injured worker diagnoses include status post open reduction internal fixation (ORIF) of left ankle tri-malleolar fracture on 7/30/2014, right ankle sprain and lumbar strain. He has been treated with diagnostic studies, prescribed medications, physical therapy, and periodic follow up visits. According to the progress note dated 2/23/2015, the injured worker reported swelling and stiffness throughout his ankle and tenderness over the lateral malleolus. Physical exam revealed well healed incisions with some swelling throughout his ankle both laterally and posteriorly and some tenderness over the anterior screws. Treatment plan consists of physical therapy, work restrictions, x-ray on return and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions postoperative physical therapy to the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: The request for additional physical therapy is not medically necessary. As per the chart, the patient had 25 post-operative physical therapy sessions for his left ankle. There was no objective documentation of improvement in functional capacity from the previous physical therapy sessions. The request for additional 12 visits would further exceed the 21 maximum amount of visits recommended for post-operative repair of trimalleolar fracture of the ankle as per MTUS guidelines. At this point, the patient should be able to continue therapy with a home exercise program. Therefore, the request is considered not medically necessary.