

Case Number:	CM15-0046876		
Date Assigned:	03/19/2015	Date of Injury:	08/13/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/12/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old male, who sustained an industrial injury on August 13, 2014. He has reported stepping off truck and he rolled his ankle on the curb/street and fell to the ground landing on his back. The diagnoses have included severe chronic grade II right ankle stability. Treatment to date has included X-rays of right ankle, foot on February 9, 2015 and X-ray right ankle stress view and left ankle stress view on February 9, 2015. Currently, the injured worker complains of right foot/ankle pain and swelling around the ankle. In a progress note dated February 9, 2015, the treating provider reports examination of the ankle revealed significant tip over the right anterior tallofibular ligament, positive tallar tilt markedly, positive anterior drawer right. The provider requested surgical authorization, post-op physical therapy, pre-op drug screen and follow up in four weeks. A request for 8 sessions of postoperative physical therapy was denied following peer review, apparently because authorization for surgery could not be confirmed by the submitted documentation. 03/30/15 office note stated that claimant was 12 days post op right ankle. Pain was tolerable. There was ecchymosis of the posterior aspect of the leg from cast. Treatment plan included return the following week for cast change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right ankle, twice weekly for four weeks:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

Decision rationale: Claimant is s/p surgical repair of ankle sprain with instability in March 2015, followed by a period of casting. MTUS recommends up to 34 postoperative PT visits for this condition. The requested postoperative physical therapy is reasonable and medically necessary.