

<b>Case Number:</b>	CM15-0062291		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 York

Certification(s)/Specialty: Podiatrist

### 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 39-year-old male, who sustained an industrial injury on 5/20/13. He reported initial complaints of a left proximal fibular displacement fracture. The injured worker was diagnosed as having left enthesopathy of ankle and tarsus; left ankle instability; left ankle tenosynovitis; joint pain and limb pain. Treatment to date has included left ankle MRI (1/5/14). Currently, the PR-2 notes dated 2/2/15 indicates the injured worker complains of left ankle pain. He is a status post tibia fracture treated with pain medications, splint and crutches at the time of injury. The authorized surgery requested is for the treatment of the enthesopathy of the left ankle and tarsus. The provider requested post-operative physical therapy 2-3 times for 6 weeks and this was modified at Utilization Review to 5 sessions of post-operative physical therapy only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2-3 times a week for 6 weeks: 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): 10-12.

**Decision rationale:** The progress note dated 2/2/2015 advises that this patient is suffering with left ankle pain. Subluxation of the anterior tibial tendon is noted upon physical examination. Diagnoses include left enthesiopathy of ankle and Tarsus, left ankle instability, left ankle tenosynovitis, and joint and limb pain. Treatment plan included surgical correction of the enthesiopathy to the left ankle and Tarsus. Postoperative physical therapy was recommended. The MTUS guidelines state that post surgery to correct enthesopathy of ankle and tarsus (ICD9 726.7): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. The treatment is not medically necessary.