

Case Number:	CM15-0085408		
Date Assigned:	05/07/2015	Date of Injury:	04/22/2014
Decision Date:	06/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male, who sustained an industrial injury on 04/22/2014. According to a progress report dated 04/16/2015, the injured worker was seen for an orthopaedic re-examination. He received instructions for home therapy during the last examination on 03/05/2015 but was still using the postoperative short-leg brace. Crutches and a brace had been used. His right ankle was improving. There had been no return to work since the previous examination. Work restrictions apparently could not be accommodated. Diagnoses included status post right ankle arthroscopic limited debridement and synovectomy, modified brostrom lateral ankle ligament repair and peroneus brevis tendon repair on 02/26/2015 and incomplete postoperative functional recovery. Treatment plan included physical therapy two times a week for 6 weeks to include gait training with weight bearing as tolerated, weaning of brace and crutches and ankle range of motion exercises. A minimum of two to three months of additional functional recovery was anticipated before he could be released. Currently under review is the request for physical therapy 2 times a week for 6 weeks for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13 and 11.

Decision rationale: Physical therapy 2 times a week for 6 weeks for the right ankle is medically necessary per the MTUS Post Surgical Guidelines as written. The MTUS recommends a total of 34 visits of PT over 16 weeks for an ankle sprain and 8 visits for peroneal tendon dislocation repair. The MTUS states that an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The documentation indicates that the patient had 6 visits already. Given that the MTUS recommends an initial course of therapy, (typically approximately one half of the recommended treatments which would be 17 visits total) and the fact that the patient already had 6 visits the request for 12 more recommended visits is reasonable and medically necessary.