

<b>Case Number:</b>	CM14-0148525		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/05/2005
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 46 year old female who injured her left lower extremity in a work related accident on 04/05/05. The medical records documented that the claimant underwent left posterior tibial tendon repair and transfer with osteotomy in October, 2013. A second surgery for hardware removal occurred in February, 2014. Since the time of claimant's second surgery, it is documented that the claimant has had more than 16 authorized sessions of physical therapy. The progress report dated 08/07/14 described improved range of motion with a mild antalgic gait, 4/5 strength with plantar flexion inversion and eversion and 5/5 strength with dorsiflexion. Recommendations at that time were for an additional course of physical therapy to improve range of motion and strength in this individual's post operative setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy, for the left ankle, 1-2 times a week for 8 weeks, QTY: 16 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The medical records document that the claimant has already had more than 16 sessions of postoperative physical therapy since time of operative procedure. The requested 16 additional sessions of physical therapy would exceed the Postsurgical Guideline criteria that recommend up to nine postoperative sessions of therapy. The recent physical examination demonstrated essentially full of motion with only mild weakness noted about ankle. The medical records do not explain why this claimant would not be able to transition to a home exercise program to continue working on strengthening. Therefore, the request for additional postoperative physical therapy cannot be supported.