

<b>Case Number:</b>	CM14-0154244		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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, has a subspecialty in Sports Medicine, and is licensed to practice in Arkansas & Texas. 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 injured worker is a 60-year-old female who reported an injury on 10/21/2012. The mechanism of injury was caused by repetitive use of the left foot. Diagnoses included status post left ankle arthroscopy with osteochondral debridement. Past treatments included medications and physical therapy. Pertinent diagnostic testing was not provided. Surgical history included left ankle osteochondral debridement and drilling, and synovectomy involving the medial and lateral compartments of the ankle on 08/08/2014. The clinical note dated 09/05/2014 indicated the injured worker stated that her left ankle symptoms were improving. Physical exam of the left ankle and foot revealed decreased tenderness and range of motion with dorsiflexion 15 degrees, plantar flexion 50 degrees, eversion 20 degrees and inversion 35 degrees. Current medications included tramadol ER 150 mg. The treatment plan included postoperative physical therapy for the left ankle, 2 times a week for 4 weeks. The rationale for the request was not provided. The Request for Authorization form was completed on 09/08/2014.

### 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 left ankle 2 times per week for 4 weeks QTY: 8.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 10-12.

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

**Decision rationale:** The request for Post-operative physical therapy for left ankle 2 times per week for 4 weeks QTY: 8.00 is not medically necessary. The California MTUS Guidelines indicate that postoperative physical therapy is recommended for patients with enthesopathy of the ankle and tarsus to include 9 visits over 8 weeks, with an initial course of therapy of 6 visits. The injured worker was status post left ankle arthroscopy with osteochondral debridement on 08/08/2014. The physical therapy initial evaluation on 09/03/2014 indicated left ankle active range of motion of dorsiflexion 10 degrees, plantar flexion 40 degrees, inversion 22 degrees and eversion 8 degrees. Left ankle motor strength was rated 3-/5. The clinical note dated 09/05/2014 indicated left ankle range of motion within normal limits, with dorsiflexion 15 degrees, plantar flexion 50 degrees, eversion 20 degrees, and inversion 35 degrees. It is unclear how many postoperative physical therapy sessions the injured worker had completed. While left ankle range of motion had improved, there is a lack of current motor strength values to clearly establish significant objective functional improvement. In addition, in the absence of documentation showing the number of sessions previously completed, it is unclear whether the requested 8 sessions of physical therapy would fall within the guideline recommendations. Therefore, the request for Post-operative physical therapy for left ankle 2 times per week for 4 weeks QTY: 8.00 is not medically necessary.