

Case Number:	CM14-0151429		
Date Assigned:	09/19/2014	Date of Injury:	02/15/2014
Decision Date:	06/02/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained a work related injury February 15, 2014. While watering, he slipped on a slope and injured his right ankle. He underwent an open reduction and internal fixation of his closed primarily lower right ankle fracture, February 15, 2014. According to a primary treating physician's progress report, dated August 20, 2014, the injured worker presented for follow-up. Gait is slightly favoring weight bearing on the right lower extremity. There is no swelling, ecchymosis, or erythema of the skin, overlying the right foot and ankle. Diagnoses are documented as aftercare for musculoskeletal system surgery and closed fracture ankle, trimalleolar. Treatment plan included a request for authorization for additional post-operative physical therapy, right ankle x 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative Physical Therapy - Right Ankle x8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: The California Code of Regulations Section 9792.20 on pages 12-14 describes guidelines for post-operative physical therapy in ankle and foot disorders as excerpted below: "Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a therapist. (Colorado, 2001) (Aldridge, 2004) This RCT (randomized controlled trial) supports early motion (progressing to full weight-bearing at 8 weeks from treatment) as an acceptable form of rehabilitation in surgically treated patients with Achilles tendon ruptures. (Twaddle, 2007) Fracture of ankle, Trimalleolar (ICD9 824.6): Postsurgical treatment: 21 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months." In this injured worker, there is a trimalleolar fracture that is status post open reduction and internal fixation. A review of the records indicates the patient has had 18 sessions of post-op PT to date as of August 2014. Therefore, the additional request for another 8 PT sessions is in excess of the guideline recommendations of 21 visits. This request is not medically necessary and an attempt at HEP should be made.