

<b>Case Number:</b>	CM15-0019711		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 20 year old male, who sustained an industrial injury on 7/16/14. On 2/3/15, the injured worker submitted an application for IMR for review of Physical therapy Left ankle, 2x4. The treating provider has reported the injured worker complained of ongoing left ankle pain, stiffness and weakness with a degree of numbness to left foot. The diagnoses have included unspecified fracture of ankle closed. Treatment to date has included status post open reduction internal fixation left ankle fracture, physical therapy. On 1/14/15 Utilization Review MODIFIED Physical therapy Left ankle, 2x4 TO 2 SESSIONS FOR LEFT ANKLE FOR DIRECTION TO HOME EXERCISE. The MTUS, ACOEM Guidelines, (or ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy Left ankle, 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20  
 Page(s): 12-13.

**Decision rationale:** According to the MTUS post-surgical treatment for ankle fracture, 21 visits over 16 weeks is recommended with a post-surgical physical medicine treatment period of 6 months. In this case the patient has had a fracture of the left ankle s/p ORIF surgical repair around the time of injury (7/16/14). The documentation doesn't support that after the initial PT sessions there has been significant improvement in function or pain. The continued PT sessions 2x4 is not medically necessary. Furthermore the request has been made more than 6 months after the injury.