

Case Number:	CM15-0113320		
Date Assigned:	06/19/2015	Date of Injury:	04/13/2013
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 04/13/2013. The injured worker is currently off work. The injured worker is currently diagnosed as having status post Brostrom lateral ankle reconstruction, deltoid ligament tear, syndesmotic ligament tear, and fibular avulsion fracture of the right ankle. Treatment and diagnostics to date has included physical therapy, right ankle reconstruction surgery, use of an Aircast Cam boot, and medications. In a progress note dated 04/27/2015, the injured worker presented with complaints of significant pain around his right ankle. He was about four months out from an ankle reconstruction and had about two weeks of physical therapy. Objective findings include well healed surgical incisions with tenderness noted. The treating physician reported requesting authorization for physical therapy 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 3 weeks, right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: The request is considered not medically necessary. The patient had ankle surgery in 1/2015. According to MTUS guidelines, the patient should have 8 physical therapy sessions over a 3 month period, post-operatively. The patient was documented to have 6 visits with 5 visits pending. An additional 6 sessions would exceed the recommended amount. There also should be documentation of functional improvement from the previous physical therapy sessions. Because of these reasons, the request is considered not medically necessary.