

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0120331 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 04/07/2011 |
| <b>Decision Date:</b> | 08/11/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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: California  
 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 55 year old female, who sustained an industrial injury on 4/7/11. She has reported initial complaints of a right foot/ankle injury. The diagnoses have included status post inversion injury of the right foot and ankle, post traumatic arthrofibrosis with lateral impingement lesion right ankle, status post -surgical repair, and chronic right ankle instability status post -surgical repair. Treatment to date has included medications, diagnostics, activity modification, injections, surgery, physical therapy, bracing, and other modalities. Currently, as per the physician progress note dated 4/13/15, the injured worker has undergone a lateral ankle stabilization procedure and developed severe scar tissue, which is causing restriction of motion and pain. She returns to the office with 50 percent reduction in post-operative pain and restoration of function. She has completed 12 of 12 post-operative physical therapy visits. She continues to use ankle brace and is full weight bearing. The physical exam reveals that the incision site is healed well. There is 1+ edema noted, there is limited range of motion in the right ankle at 5/10 degrees, plantar flexion is 25/45 degrees and inversion of the right subtalar joint is 10/20 degrees. The ankle is stable. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right ankle. The physician noted that she will continue with the ankle brace and increase weight bearing to tolerance. The physician requested treatment included Post-operative physical therapy for the right ankle and foot, quantity of 12 sessions.

### 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 the right ankle and foot, quantity: 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient receives treatment for a right ankle and foot injury that occurred on 04/07/2011 and was treated surgically. This was a work-related injury. The patient's medical diagnoses include inversion injury, s/p lateral ankle stabilization surgical repair now with chronic pain. The patient received 12 sessions of physical therapy after the surgery. This review addresses a request for an additional 12 sessions of physical therapy. The patient's right ankle on exam was clinically stable, had 1+ edema, revealed a limited ROM. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any new post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically necessary.