

Case Number:	CM15-0127967		
Date Assigned:	07/14/2015	Date of Injury:	11/20/2014
Decision Date:	08/14/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 11/20/2014. Diagnoses include sprain/strain ankle, chronic ankle instability, non-union fracture and closed fracture lateral malleolus. Treatment to date has included surgical intervention and conservative measures including medication, injections, ice application, bracing, shoe inserts and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/26/2015, the injured worker was 14 days postoperative repair left ankle and repair of nonunion lateral malleolar chip fracture. There is still some swelling and pain has decreased. Physical examination revealed incision healing well, no evidence of infection and the ankle was very stable to anterior drawer and talar tilt. The plan of care included medications, ace bandage, ankle brace and physical therapy. Authorization was requested for 12 sessions of postoperative physical therapy for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, left ankle, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle chapter, Physical therapy.

Decision rationale: This patient is status post left ankle repair of nonunion lateral malleolar chip fracture on 05/13/15. The current request is for Post-operative physical therapy, left ankle, QTY: 12. The RFA is dated 05/27/15. Treatment history included surgical intervention and conservative measures including medication, injections, ice application, bracing, shoe inserts and physical therapy. The patient is within the post-surgical time-frame for physical medicine. ODG Post-surgical physical therapy guidelines recommend for Metatarsal stress fracture: Post-surgical treatment 21 visits over 16 weeks. Per report 5/26/2015, the patient is 14 days postoperative following repair of nonunion fracture of the left ankle with some residual swelling. Physical examination revealed healing incision, no evidence of infection and the ankle was stable to anterior drawer and talar tilt. The treater recommended additional post-operative therapy 12 sessions. On 06/10/15, the Utilization review modified the certification from the requested 12 sessions to 9 sessions, stating that the patient had already been authorized 12 post op sessions and has completed 6 out of the 12 sessions thus far. In this case, the patient has participated in 6 PT sessions with good progress and is scheduled to return to limited duty on 07/15/15. ODG recommends up to 21 post op PT visits following this type of surgery. The current request for additional 12 sessions with the 12 previously authorized exceeds ODG guidelines. This request is not medically necessary.