

<b>Case Number:</b>	CM15-0174103		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Massachusetts

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 30 year old male, who sustained an industrial injury on 07-26-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for healed fracture to right fibula with complete ankle dislocation, pulmonary embolism, and morbid obesity. Treatment and diagnostics to date has included ankle surgery, physical therapy for right ankle fracture (11 visits noted from 09-24-2014 to 11-07-2014 which showed objective improvement), skilled nursing visits, and medications. Current medications include Coumadin, Pepcid AC, Claritin, Flomax, Lorazepam, and Norco. In a panel medical evaluation note dated 07-21-2015, the injured worker reported right ankle pain. Objective findings included use of a cane with "minimal limp", decreased right ankle range of motion, tenderness over the distal fibula, and positive Trendelenburg on the right. The physician noted that right ankle x-rays dated 07-21-2015 showed a healed fibular fracture in a near anatomic position. The Utilization Review with a decision dates of 08-07-2015 non- certified the request for physical therapy 2 x week for 3 weeks 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 for right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

**Decision rationale:** The claimant sustained a work injury in July 2014 when he fell from concrete sustaining a right ankle fracture dislocation and underwent ORIF. He had postoperative physical therapy and completed approximately 18-20 treatment sessions. He underwent hardware removal on 04/23/15 and received additional physical therapy beginning on 05/05/15. As of 07/13/15 he had completed eight treatment sessions. He was making slow, steady progress. When seen, he was continuing to ambulate with use of a cane. There was minimal soft tissue swelling. An additional six physical therapy treatments including a home exercise program were requested. After an ankle fracture, guidelines recommend up to 21 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy with more than 20 treatments since the original surgery, including those provided after the hardware removal more than three months before. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.