

Case Number:	CM15-0174542		
Date Assigned:	09/16/2015	Date of Injury:	05/19/2014
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, 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 48 year old male who sustained an industrial injury on May 19, 2014 due to a fall. Past history included (ORIF) open reduction and internal fixation of the left ankle for an open bimalleolar fracture May 19, 2014 and removal of syndesmotic screw, left ankle September 4, 2014. According to a treating physician's progress notes dated July 24, 2015, the injured worker presented with continued instability and weakness in the left ankle. He underwent removal of hardware 8 weeks ago (April 30, 2015) and has completed 6 additional physical therapy sessions and would like more physical therapy. Physical examination revealed; left ankle- stands with plantigrade foot; ambulates with a cane; no edema, ankle joint effusion or gross deformity noted; hind foot alignment neutral, no contractures; range of motion is 10 degrees of dorsiflexion to 20 degrees of plantar flexion, motion is supple without pain, subtalar motion is full and supple without pain; stability exam-negative ankle anterior drawer, negative talar tilt test; sensation intact but decreased in the superficial peroneal nerve distribution. Diagnoses are open bimalleolar fracture, left ankle status post ORIF left open ankle fracture and syndesmosis, status post hardware removal. At issue is the request for authorization for post-operative physical therapy to the left ankle two times a week for four weeks. According to utilization review dated August 12, 2015, the request for post-operative left ankle physical therapy (2) times a week for (4) weeks was modified to (2) post-operative physical therapy visits for re-training in a HEP for his left ankle. The patient had received an unspecified number of post op PT visits for this injury. Per the note dated 6/23/15, the patient had complaints of pain numbness and stiffness in left ankle. Physical examination of the left ankle revealed limited range of motion, loss of sensation. The patient had used a cane for this injury. The patient had received an unspecified number of chiropractic and PT visits for this injury. Patient had received

ESI for this injury. The medication list included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to left ankle for 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: Request: Post-operative physical therapy to left ankle for 2 times a week for 4 weeks. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." He underwent removal of hardware 8 weeks ago (April 30, 2015) and has completed 6 additional physical therapy sessions. The patient has already passed the post surgical period. The patient had received an unspecified number of post op PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. There was no objective documented evidence of significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Post-operative physical therapy to left ankle for 2 times a week for 4 weeks is not fully established for this patient. The request is not medically necessary.