

<b>Case Number:</b>	CM15-0179720		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2015

### 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 61 year old male, who sustained an industrial injury on 2-5-14. The injured worker was diagnosed as having closed ankle bimalleolus fracture and complication due to other internal fixation. Treatment to date has included left ankle open reduction and internal fixation on 3-13-15, removal of syndesmosis screws on 6-12-15, physical therapy, use of an ankle brace, and medication. Regarding physical therapy on 8-6-15 the treating physician noted "the patient will continue with physical therapy. He has 9 more remaining on the current prescription." Physical examination findings on 8-6-15 included left ankle +1 generalized swelling, minimal tenderness, and slight loss of dorsiflexion and plantar flexion. Currently, the injured worker complains of left ankle pain and pain in the feet. On 8-7-15 the treating physician requested authorization for 12 additional physical therapy visits for the left ankle. On 8-13-15 the request was non-certified; the utilization review physician noted "as mentioned in [REDACTED] report the patient can continue his rehabilitation on a self-directed basis."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left ankle, additional 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, updated 6/22/2015.

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

**Decision rationale:** The claimant sustained a left ankle injury in February 2014 with a bimalleolar fracture and underwent ORIF in March 2015 after a malunion followed by removal of hardware on 06/12/15. As of 08/05/15 he had completed 15 treatment sessions. Therapeutic content had included instruction in a home exercise program. When seen, he was trying to walk without use of a brace in order to get stronger. Physical examination findings included generalized swelling with minimal tenderness. There was slight loss of dorsiflexion and plantar flexion. Authorization for 12 additional physical therapy treatments was requested. After a bimalleolar 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 appropriate for the surgery performed. 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, range of motion, 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. The request is not medically necessary.