

<b>Case Number:</b>	CM15-0024277		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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:

This 47-year-old male sustained an industrial injury on 5/19/14. Multiple body areas were injured as the result of a fall off a ladder. He subsequently reports continued left ankle pain. Prior treatments include left ankle surgery, physical therapy and prescription pain medications. On 1/12/15, Utilization Review partially certified a request for Physical therapy, 2 x 6 for left ankle. The Physical therapy, 2 x 6 for left ankle request was modified to 2 visits for the left ankle. The modified request was based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 x 6 for left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Ankle & Foot (Acute & Chronic) Chapter, Physical Medicine.

**Decision rationale:** The patient presents with ankle/foot pain. The request is for PHYSICAL THERAPY, 2x6 FOR LEFT ANKLE. Patient is status post open reduction internal fixation (ORIF) left open bimalleolar left ankle fracture on 05/19/14 with subtalar joint stiffness. Patient underwent removal of syndesmotic screw in the left ankle on 09/02/14. Physical examination per treater report dated 12/22/14 revealed weakness of muscles or joints, difficulty walking, and stiffness with lateral movement, however range of motion was good with sagittal plane. Patient ambulates with a cane. Patient is temporarily totally disabled. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, Physical Medicine section states: "Recommended. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. ODG Physical Therapy Guidelines. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Fracture of ankle, Bimalleolar (ICD9 824.4): Medical treatment: 12 visits over 12 weeks. Post-surgical treatment (ORIF): 21 visits over 16 weeks. Post-surgical treatment (arthrodesis): 21 visits over 16 weeks." MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 12/22/14, treater states; "I recommend at this point further physical therapy to work on range of motion strengthening." The patient is no longer within post-operative treatment period. UR letter dated 01/12/15 states "Prior utilization review letter indicated that he had completed 24 post-operative PT visits for the left ankle following screw removal." Additionally, the treater does not document an improvement in function or reduction in pain due to prior therapy. The additional 12 visits would exceed what is recommended by guidelines. Therefore, the request IS NOT medically necessary.