

<b>Case Number:</b>	CM15-0042561		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 49-year-old female, with a reported date of injury of 07/03/2013. The diagnoses include left ankle and foot osteoarthritis and left ankle pain. Treatments to date have included physical therapy, a cane, oral medication, and diagnostic left ankle arthroscopy, synovectomy and chondroplasty, and computerized tomography of the left ankle. The progress report dated 01/14/2015 indicates that the injured worker stated that she was progressing well with physical therapy. She had completed five sessions and had one more remaining. She reported increased strength. The injured worker complained of tingling sensation on top of the foot and ankle when weight bearing. The physical examination of the left foot and ankle showed decreased soft tissue swelling of the ankle, normal sensation to light touch in all toes and first dorsal web space, and significant improvement in range of motion. It was noted that the injured worker was responding to physical therapy. The treating physician requested eight post-operative physical therapy sessions for the left ankle for range of motion, strengthening, and gait training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient post-operative physical therapy, left ankle Qty: 8.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine 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 therapy.

**Decision rationale:** The patient presents with LEFT foot and ankle pain. The request is for OUTPATIENT POST-OPERATIVE PHYSICAL THERAPY LEFT ANKLE QTY 8.00. The request for authorization is dated 01/22/15. Patient is status-post LEFT ankle diagnostic arthroscopy, extensive synovectomy and chondroplasty, 11/14/14. Patient states she is progressing well with physical therapy. She complains of tingling sensation top of foot and ankle when weight bearing. She continues to use a cane primarily for right knee complaints. Patient presents in significant improvement in range of motion with just 5 physical therapy treatments. Patient's medication includes Norco. The patient is temporarily totally disabled. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter states: "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 (ICD9 824): Medical treatment: 12 visits over 12 weeks Post-surgical treatment: 21 visits over 16 weeks Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 34 visits over 16 weeks" Per progress report dated, 01/14/15, treater's reason for the request is "for range of motion, strengthening and gait training." Patient's surgery to the LEFT ankle is dated, 11/14/14. The request for authorization is dated, 01/22/15. The patient is still within the post-surgical time period of 16 weeks. Per physical therapy progress report dated, 02/27/15, patient has completed 9 post-surgical sessions. Additionally, she complains of tingling sensation on top of foot and ankle when weight bearing. The request for 8 additional sessions appears reasonable given the patient's post-surgical status, and is within guideline recommendation. Therefore, the request IS medically necessary.