

<b>Case Number:</b>	CM15-0076962		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 32-year-old female, who sustained an industrial injury on 05/09/2010. The initial complaints or symptoms included left ankle injury/pain. The injured worker was diagnosed as having lateral collateral ligament tears of the left ankle. Treatment to date has included conservative care, medications, x-rays, MRIs, multiple left ankle surgeries (07/25/2014, 09/23/2014, 09/30/2014 & 11/07/2014). Currently (02/17/2015), the injured worker complains of left shoulder and right knee symptoms (not specified), and moderate improvement in the left ankle. The injured worker was noted to be in full weight bearing status on this visit. The diagnoses include left ankle sprain, status post incision and drainage surgery of the left ankle; status post wound adhesions, stabilization of the left ankle, painful gait, removal of internal fixation, strain/sprain of the left shoulder, and strain/sprain of the right knee. The request for authorization consisted of 18 sessions of physical therapy for the lefty ankle, and an orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 6 for the left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week than six weeks to the left ankle is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are stabilization of the ankle; removal of internal fixation; status post I & D; status post wound adhesions; status post wound dehiscence and cellulitis; painful gait; sprain/strain left shoulder; and sprain/strain right knee. On July 25, 2014, the injured worker underwent ankle stabilization secondary to left ankle instability and ligament tears. On September 23, 2014, the injured worker had wound dehiscence and cellulitis. There was removal of the internal fixation elements. On November 7, 2014, the documentation indicates wound dehiscence (open reduction internal fixation left ankle). The most recent progress in the medical record is dated February 17, 2015. Subjectively, the injured worker had full weight bearing on the left ankle. The guidelines recommend 21 visits over 16 weeks (postsurgical treatment). The treating physician requested physical therapy three times per week times six weeks (18 sessions). The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). Although the guidelines recommend 21 visits over 16 weeks, a six visit clinical trial is indicated prior to the additional physical therapy sessions becoming authorized. Consequently, absent compelling clinical documentation with objective functional improvement of the six visit clinical trial, physical therapy three times per week than six weeks to the left ankle is not medically necessary.