

<b>Case Number:</b>	CM15-0091995		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary 61-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of September 26, 2014. In a Utilization Review report dated April 28, 2015, the claims administrator partially approved request for 12 sessions of physical therapy with various modalities including electrical stimulation, application of hot and cold packs, therapeutic exercise and massage as six sessions of the same. An RFA form received on April 21, 2015 was referenced in the determination. The claims administrator stated that it had not been established how much prior postoperative physical therapy the applicant had had. An April 21, 2015 progress note and the MTUS Postsurgical Treatment Guidelines were referenced in the determination. The applicant's attorney subsequently appealed. On February 4, 2015, it was stated that the applicant was non-weight bearing with crutches and a removable cast. The applicant was 67 years old, it was reported. The applicant had undergone ankle ORIF surgeries on October 7, 2014 and November 4, 2014, it was reported. The applicant did have significant comorbidities, including asthma, alcoholism, diabetes, and hypertension. The note was somewhat difficult to follow and mingled historical issues with current issues. The attending provider suggested hardware removal procedure. On November 4, 2014, the applicant underwent an open reduction and internal fixation of a distal ankle fracture. On December 15, 2014, the applicant was described as having chronic, unhealed ulcers about the right ankle. Wound care and compression wraps were suggested. On February 17, 2015, the applicant was asked to undergo an ankle arthroscopy, debridement, cultures, and hardware removal to ameliorate preoperative diagnosis of non-union fracture. On March 11, 2015, the applicant was apparently given a prescription for Bactrim, owing to concerns of postoperative cellulitis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 3 times weekly for 4 weeks right ankle Qty 12:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Yes, the request for 12 sessions of postoperative physical therapy was medically necessary, medically appropriate, and indicated here. The MTUS Postsurgical Treatment Guidelines support a general course of 30 sessions of treatment following ORIF of the tibia and/or fibular fracture, as apparently transpired here and further note in MTUS 972.24.3.c.2 that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbidities, prior pathology, and/or surgery involving the same body parts, nature, number, and capacity of surgical procedures undertaken, presence of surgical complications, and an applicant's essential work functions. Here, the applicant had seemingly undergone two to three surgeries involving the injured ankle. The applicant's case and care have been complicated by various comorbidities, including multiple surgeries, delayed wound healing, skin ulcers, diabetes, alcoholism, etc. The applicant had, as noted above, received multiple surgical procedures. The applicant did still have significant residual physical impairment on or around the date of the request. Additional treatment on the order of that proposed was, thus, indicated. Therefore, the request was medically necessary.