

Case Number:	CM15-0097740		
Date Assigned:	05/28/2015	Date of Injury:	01/02/2014
Decision Date:	06/29/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/20/2015

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 43-year-old male, with a reported date of injury of 01/02/2014. The diagnoses include status post reduction and internal fixation of the right bimalleolar ankle fracture with symptomatic hardware and residual gait abnormality secondary to status post open reduction and internal fixation. Treatments to date have included x-ray of the right ankle on 11/05/2014 which showed previous surgery; a CAM walker; right ankle surgery on 01/03/2014; and post-operative therapy to the right ankle which provided some benefit. The initial orthopedic surgery comprehensive consultation report dated 03/27/2015 indicates that the injured worker had a history of severe right ankle pain. It was noted that the injured worker had right ankle surgery, and started post-operative therapy to the right ankle about two months after the surgery. The therapy provided him with some benefit. An examination of the right ankle showed a well-healed incision, swelling in the ankle, and tenderness to palpation over the lateral and medial ankle. The treatment recommendations indicate that given the ongoing complaints involving the right ankle and functional limitations stated by the injured worker, the treating physician felt that the hardware of the right ankle should be removed; therefore, a surgical request would be submitted. It was noted that the injured worker had ongoing pain and tenderness on direct palpation and also increased pain with exposure to cold temperatures. The treating physician requested twelve (12) post-operative physical therapy sessions for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post operative physical therapy, 3 times a week for 4 weeks to right ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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, 12 sessions postoperative physical therapy three times per week times four weeks to the right 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 status post ORIF right ankle; residual gait abnormality; lumbar sprain/strain with intermittent right radiculitis/radiculopathy. The injured worker was seen on March 27, 2015 (in a referral to a second orthopedist) for persistent pain in the affected ankle. Objectively, there was tenderness palpation over the medial and lateral ankle. The treating provider recommended removal of the hardware (bimalleolar- open reduction internal fixation). The treating provider requested 12 physical therapy sessions postcard ware removal. Utilization review physician initiated a conference call with the treating provider regarding the request for 12 physical therapy sessions. The physicians agreed a six visit clinical trial is appropriate. Additionally, 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). Consequently, absent compelling clinical documentation with guidelines recommending a six visit clinical trial, 12 sessions postoperative physical therapy three times per week times four weeks to the right ankle is not medically necessary.