

<b>Case Number:</b>	CM15-0097755		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 who sustained an industrial injury on June 6, 2014. She has reported left foot pain and has been diagnosed with left foot and ankle sprain. Treatment has included medications, 9 visits of physical therapy, acupuncture, modified work duty, and bracing. There was no edema and no erythema. There was no crepitus and no subluxation. There was no spasm or cramping. No popping and no clicking. There was no pain against resistance. Stress testing was negative. Range of motion was within limits. Ankle eversion was a 5/5-. An MRI dated July 22, 2014 revealed edema in the distal fibula, lateral process of the talus and medial malleolus, most consistent with bone contusions. No cortical disruption. Moderate distal posterior tibialis tendinosis. Type 3 os navicular with edema, query reactive or stress related changes or less likely contusion, query trauma to this region. High grade acute tear at the talar attachment of the anterior talofibular ligament with markedly attenuated fiber remaining in continuity and adjacent edema. Acute sprain of the calcaneofibular ligament and deep component of the deltoid ligament complex. Short segment longitudinal tear of the inframalleolar peroneus brevis tendon. No fluid filled tendon tear defect. The patient is status post left foot and lateral ankle ligament repair as of 9/29/14. Exam note 3/9/15 demonstrates the patient was having continued improvement and was fully ambulatory in regular shoes. Physical examination demonstrated normal ambulation. The treatment request included Post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 2 x 3 for left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the CA MTUS Post Surgical Treatment Guidelines, Ankle sprain, page 13, 34 visits over a 16 week time frame is recommended. It is unclear why the patient cannot be placed on a home based program or why further visits are required 5 months following lateral ankle ligament repair. Therefore, the determination is that Post-op physical therapy 2 x 3 for left ankle is not medically necessary.