

<b>Case Number:</b>	CM13-0002507		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42-year-old female who reported an injury on 09/09/2009. The mechanism of injury was not provided. On 07/01/2013, the injured worker presented with left foot and ankle pain. Examination of the dorsalis pedis and posterior tibial artery is . Capillary filling was 1 second and temperature gradient within normal limits. There were no macerations, lacerations or open lesions. Left ankle range of motion values were at 0 degrees of dorsiflexion with knee extended, 5 degrees passively and 50 degrees plantar flexion. The injured worker is not able to balance herself on the left lower extremity secondary to pain. The diagnoses for the recurrence of equinus left lower extremity, poor proprioception and instability left foot and ankle, plantar calcaneal heel spur, neuritis left heel and pain upon ambulation. Other therapies included acupuncture therapy and medications with night splinting. The provider recommended physical therapy 3 times a week for the left foot ankle with a total quantity of 12 sessions. The provider's rationale was not submitted. The Request for Authorization Form was dated 07/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left foot/ankle (3 times per week for 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for 12 sessions of physical therapy for the left foot/ankle is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. In addition, injured workers are instructed and expected to continue active therapies at home. The provider's request of 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, the requested physical therapy is not medically necessary or appropriate.