

<b>Case Number:</b>	CM13-0014999		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	09/09/2007
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 & 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 underlying date of injury in this case is 09/09/2007. The patient's treating diagnoses include left ankle sprain and left ankle chronic tenosynovitis and capsulitis. The mechanism of injury is that the patient fell and twisted her left ankle when working as an airline service representative at the ticket counter. On 07/08/2013, the treating physician noted the patient was last seen in November 2007 and presented for evaluation of her left ankle. She reported that the ankle continued to cause pain, swelling, and inflammation. The patient reported that she had attended physical therapy to help decrease the swelling in the ankle, and she noted that she was working without restrictions. On exam there was no focal edema at the left ankle joint. There was no ligamentous laxity. There was no joint crepitation on range of motion. There was slight pain with inversion or eversion stressing of the left ankle. The treating physician recommended a custom ankle brace as well as physical therapy. An initial physician reviewer modified this request for eight visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY SESSIONS, 2 TIMES A WEEK FOR 6 WEEKS, FOR HE RIGHT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The Expert Reviewer's decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, pages 98-99, recommend that active exercise should be based on a specific prescription for a particular patient and encourages transition to an independent home rehabilitation program. The physical examination findings as of July 2013 were minimal. It is unclear what specific goals, methods, or rationale would be proposed for physical therapy which would require additional supervised treatment rather than a continued independent home rehabilitation program. It is also unclear why the patient would require 12 visits of therapy to review a prior home rehabilitation program. For these reasons, this treatment request is not supported by the treatment guidelines. This request is not medically necessary.