

<b>Case Number:</b>	CM13-0019853		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Orthopedic Surgery and is licensed to practice in Florida. 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 31-year-old male who reported an injury on 10/23/2012. The mechanism of injury was not provided. On 7/24/2013, the injured worker presented with pain to the left ankle. Upon examination of the left ankle there was some pain with range of motion, +4 out of 5 strength, minimal swelling, tenderness to palpation and numbness over the lower part of the ankle towards the back. Diagnoses were left ankle flexor retinaculum tear with subluxation status post repair ongoing post tibialis syndrome. The prior treatment included physical therapy and surgery. Recommended physical therapy, the provider's rationale was not provided. The Request for Authorization form was dated 08/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy, 2 times a week for 4 weeks: 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.

**Decision rationale:** The request for continued physical therapy, 2 times a week for 4 weeks 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 individuals who complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies in home, as an extension of the treatment processes in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Additionally, the amount of physical therapy visits that have already been completed or not provided. Injured workers are instructed and expected to continue active therapies at home, and there is no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.