

<b>Case Number:</b>	CM13-0039685		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Occupational Medicine, 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:

This is a 51 year old female patient s/p injury 6/20/11. The patient sustained an injury when she rolled her foot and injured the right ankle. A 12/4/13 report states that the patient has right ankle pain, weakness, sensitivity, and electrical sensations. She has pain radiating along the outer portion of her right leg. She underwent a right foot open reduction internal fixation 6/29/12. She has been treated with medication, therapy, surgery, and injections. She was using a CAM walker and now uses an AFO brace. She has anterior tibial contraction, tenderness, positive Tinel's over the third ray. Diagnosis includes chronic right ankle sprain. Discussion states that the patient has right ankle weakness and chronic right peroneal nerve injury. There is documentation of a 9/12/13 adverse determination due to the fact that the patient has completed 18 sessions of postoperative therapy (which already exceeds guidelines) and there was no documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PHYSICAL THERAPY FOR THE RIGHT FOOT, 3 X PER WEEK X 8 WEEKS, CONSISTING OF MYOFASCIAL RELEASE, NEUROMUSCULAR RE-EDUCATION, ELECTRICAL STIMULATION AND DIATHERMY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. While this patient may be a candidate for some additional physical therapy to establish musculature re-education and transition to a home exercise program, the requested 18 sessions would exceed the MTUS Chronic Pain Guidelines' recommendations. There is no discussion of the need for such a large number of sessions without reassessment and re-evaluation. The request is not medically necessary and appropriate.