

<b>Case Number:</b>	CM13-0050769		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 licensed in Podiatry 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 patient is a 31-year-old male who reported an injury on 10/15/2012. The mechanism of injury reported was the patient stated he was directing traffic around a traffic light and was hit by a school bus at a construction site and he was thrown 10 to 15 feet and rolled his ankle. Per the clinical note dated 10/25/2013, the patient continues to complain of right lateral-based ankle pain with most of the symptoms he voices to be around his sinus tarsi, as well as around the peroneal tendons. The patient stated that his ankle pain is aggravated by uneven grounds when ambulating. The patient says that his ankle is down to 5-6/10 from 7-8/10. As of this date, it is noted the patient has completed 12 sessions of physical therapy and feels as if he is 50% better. Physical exam notes that the patient still has tenderness noted over the sinus tarsi albeit. The patient notes some tenderness across the course of the peroneal tendons which is noted to be mild and the patient feels the sinus tarsi pain is worse than the peroneal tendons. The patient is able to bear weight on his right lower extremity and is able to do single as well as double legged heel raise. The clinical note reports the radiographs from prior visit revealed no acute fractures or dislocations. There is no significant evidence of degenerative joint disease in the ankle. MRI scan from 12/19/2012 showed mild peroneus brevis tendinosis at the level of the lateral malleolus without any frank tearing. There was evidence of degenerative joint disease at the posterior subtalar joint with subchondral cyst formation at the talus and the bone marrow edema extending into the talus. Physical therapy progress note dated 10/10/2013 states there is increased pain with inversion and plantar flexion movements of the ankle, increased pain in ascending more than descending stairs using non-reciprocal pattern, and slight increase in pain with sitting over standing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE RIGHT ANKLE (12 SESSIONS): Upheld**

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

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

**Decision rationale:** California MTUS states physical medicine is recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The physical therapy medicine guidelines allow for fading of treatment frequencies from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. Guidelines state for neuralgia, neuritis, and radiculitis, unspecified, 8 to 10 visits over 4 weeks are supported. The patient at this time has completed 12 visits. The documents provided noted that the therapy helped 50 percent. The patient should be well versed at this time in home exercise. The visits documented have exceeded the guidelines set forth by California MTUS. Therefore, the request is non-certified.