

<b>Case Number:</b>	CM13-0055238		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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:

Toradol, an AFO brace for the left foot, the patient was noted to have knee ankle and foot problems on the left. The patient's diagnoses were noted to include tendonitis, pes planovalgus, paronychia medial nail border right hallux, left knee sprain, left knee osteoarthritis, left ankle foot sprain with possible internal derange and left ankle/foot sprain with possible internal derangement. The physical examination revealed that the patient had positive locking and catching in the left knee. The patient was noted to have good strength in the thoracic lumbar spine with 50% range of motion. The left ankle was noted to have swelling. The request was made for 18 visits of physical therapy for the left ankle, foot and knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 6 weeks for the left ankle, foot and knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. Clinical documentation submitted for review failed to indicate the quantity of therapy the patient had previously participated in and the patient's functional benefit from the therapy. There was a lack of documentation indicating the patient had objective functional deficits that would benefit from physical therapy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations as treatment is recommended for a maximum of 10 visits. Given the above, the request for physical therapy 3 times a week for 6 weeks for the left ankle, foot and knee is not medically necessary.