

<b>Case Number:</b>	CM13-0055396		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of December 21, 2012. A utilization review determination dated October 22, 2013 recommends modified certification of physical therapy for the right ankle. 12 visits were requested, 9 visits were approved. Modified certification was recommended to support the guidelines recommendation of 9 visits over 8 weeks for an ankle sprain. An MRI of the right ankle dated January 25, 2013 identifies a sprain of the deltoid ligament, strain of numerous muscles, tendinosis and tenosynovitis of the peroneus brevis tendon. A progress report dated December 6, 2013 identifies subjective complaints indicating that the patient continues to work and takes diclofenac, which helps decrease the pain. The note indicates that the patient has completed a course of physical therapy and "is not sure if it is going to help much. He says it really did not work much as far as for his pain." Physical examination identifies painful range of motion, tenderness to palpation around numerous ligaments and muscles, unsteady gait, and weakness affecting the ankle. Diagnoses include her right ankle with multiple ligamentous injuries. The treatment plan recommends diclofenac, omeprazole, and injections.

### 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 (2 TIMES PER WEEK FOR 6 WEEKS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy, and recommends 9 visits over 8 weeks for the treatment of ankle sprains. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the 12 visits currently being requested exceed the maximum number recommended by guidelines for this diagnosis (9 visits), and there is no provision to modify the current request. As such, the currently requested physical therapy is not medically necessary.