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| <b>Case Number:</b>   | CM13-0055626 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/13/2010 |
| <b>Decision Date:</b> | 04/09/2014   | <b>UR Denial Date:</b>       | 11/11/2013 |
| <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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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:

The patient is a 60-year-old male who reported an injury on September 13, 2010. The mechanism of injury was not provided. The note dated September 26, 2013 indicated that the patient had complaints of left ankle pain rated at an 8/10 and left knee pain rated at a 5/10. The patient reported he had completed a home exercise program and stretching routine. He was only able to walk 10 minutes at a time due to severe pain. It is noted the patient had received an injection to the left ankle which had helped somewhat. It was documented that the patient had not had any physical therapy for the ankle or knee in the past. It was noted that the patient was taking Norco 10/325mg and Norflex. Upon examination, the patient had an antalgic gait. The left knee examination revealed range of motion was 0 to 130 degrees. There was positive painful patellofemoral crepitus with motion. There was not patellar instability noted. The left knee was stable to varus and valgus stress at 0 to 30 degrees. The Lachman's, anterior drawer, and posterior drawer were negative. There was a positive McMurray's test creating medial joint pain. There was tenderness to the medial joint lines. Muscle strength testing revealed quad and hamstring strength was 4+/5. Examination of the left ankle revealed dorsiflexion was 0 to 10 degrees and plantar flexion was 0 to 30 degrees. There was tenderness over the origin of the plantar fascia, midfoot, anterior talofibular ligament (ATFL), peroneal tendons, Achilles and the lateral medial malleolus. There was a negative drawer sign. X-rays taken on May 29, 2013 indicated that the left knee demonstrated mild to moderate degenerative joint disease with patellar tendon calcifications. X-rays of the left ankle demonstrated a distal fracture of the medial malleolus, non-union, and evidence of a healed lateral malleolus fracture. An MRI of the left ankle dated August 09, 2013 indicated plantar fascial thickening suggestive of a plantar fasciitis or fibromatosis; moderate Achilles tendonitis with partial longitudinal tear, minimal retrocalcaneal bursitis; degenerative changes as described, including tibiotalar, subtalar, and

midfoot degenerative change; thickened anterior talofibular ligament consistent with previous sprain/partial tear. The MRI of the left knee dated August 09, 2013 indicated mild to moderate joint effusion; thickening of the medial collateral ligament suggests previous sprain; no evidence of acute meniscal, osseous, or tendinous abnormality.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 4 weeks for strengthening and conditioning of left ankle and left knee:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy of therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical therapy for myalgia and myositis is 9 to 10 visits over 8 weeks. The records provided for review failed to show documentation of objective findings of functional deficits to support physical therapy. As such, the request for physical therapy 2 times a week for 4 weeks for strengthening and conditioning of the left ankle and knee is not found to be medically necessary. Therefore, the request is non-certified.