

<b>Case Number:</b>	CM13-0056531		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 injured worker is a 45-year-old male who reported an injury on 01/16/2013. The injured worker was reportedly installing glass on a semi truck when he landed on his left ankle. The injured worker is currently diagnosed as status post peroneal tendon reconstruction in the left ankle with Brostrom lateral ankle reconstruction and wound breakdown. The injured worker was evaluated on 08/19/2013. Physical examination revealed a 2 cm x 1 cm wound without erythema or signs of infection and an inability to single-leg stand or toe-off. Treatment recommendations included additional physical therapy twice per week for the next 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the

documentation submitted, the injured worker has participated in physical therapy. However, there was no documentation of the previous course of treatment. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. As such, the request for PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS is non-certified.