

<b>Case Number:</b>	CM13-0061307		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Occupational Medicine, 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:

Claimant states he has left ankle sprain and tibialis tendonitis from an accident at work 3/4/13, when he rolled his ankle while mopping, and requests 12 visits of physical therapy, twice per week for 6 weeks. He had ankle arthroscopy on 8/20/13 with debridement, tenosynovectomy and tenolysis of posterior tibial tendon and microfracture and debridement of osteochondritis dissecans lesion on the medial talar dome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12 left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13, 14.

**Decision rationale:** The assistant surgeon on the case requested additional therapy. The claimant has had approximately 6 visits to date, with some improvement noted, following surgery (had another 6 visits but this was prior to surgery). The post-surgical guidelines for posterior Final Determination Letter for IMR Case Number [REDACTED] tibial tendonitis is 8 visits over a period of three months, with postsurgical period 6 months. Other guidelines that may apply

include enthesopathy of ankle and tarsus, which suggests 9 visits over 8 weeks, with a postsurgical period 4 months. The request for 12 visits exceeds both of these recommended guidelines. Denial of the request is upheld.