

<b>Case Number:</b>	CM13-0065986		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/18/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 & 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 40-year-old male who reported an injury while trying to break up a fight on 04/18/2009. On 06/12/2013, his diagnoses included right ankle arthroscopic debridement, exostectomy and lateral ligament reconstruction. He was 6 weeks post surgery, and was wearing a Cam boot. On 06/24/2013, he was beginning physical therapy 3 times a week for 4 weeks including therapeutic exercises, manual therapy modalities, patient education, and a home exercise program. On 08/07/2013, it was noted that he had completed his first course of physical therapy, but an additional 6 visits were being requested for his right ankle for range of motion, strengthening exercises, and gait training. The recommendation was for him to continue with physical therapy and a home exercise program. A Request for Authorization dated 09/18/2013 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT ANKLE:** Upheld

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

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

**Decision rationale:** The request for physical therapy twice a week for 4 weeks for the right ankle is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The Physical Medicine Guidelines allow for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. The recommended schedule for myalgia and myositis unspecified, is 9 to 10 visits over 8 weeks. The submitted documentation revealed that this injured worker had participated in an unknown number of physical therapy sessions over an undetermined period of time. The requested additional 8 visits of physical therapy exceeds the recommendations in the guidelines. Therefore, this request for physical therapy twice a week for 4 weeks to the right ankle is not medically necessary.