

<b>Case Number:</b>	CM13-0068516		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 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:

he claimant is a female with a date of injury 11/3/2008. Progress notes report that the claimant continues to have symptoms of swelling of the right foot as well as pain to the left knee. She has demonstrated improvement as expected. On examination, there were well-healed incisions at the medial and lateral aspects of the right ankle secondary to arthroscopic surgery. She had painful scar formation, with pain to palpation as well as scar tissue adhesions that continued to persist. There was painful weight bearing due to adhesions of the nerve tissue overall. There was pain to squatting and crouching as well as plantar flexion of the foot. Range of motion on dorsiflexion was 20 degrees on the right and 30 degrees on the left. Plantar flexion was 35 degrees on right, 50 degrees on the left. Inversion was 20 degrees bilaterally and eversion was 15 degrees bilaterally. Her diagnosis is status post right arthroscopic surgery. The treatment plan includes a home exercise program with exercise bands, scar care medication, and ankle bracing of the foot.

### 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 (18 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Ankle and Foot

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

**Decision rationale:** Per the clinical documents provided for review, the claimant had four surgeries to her right foot/ankle. The claimant had arthroscopic surgery for her right ankle in March 2011, with no improvement. She also had right ankle surgery in October 2012. Postoperatively she participated in 12 physical therapy sessions with no significant pain relief or gains in strength or range of motion. The claimant is currently outside of the post-surgical period. She has had at least 12 physical therapy sessions previously, likely more since she has had multiple surgeries. Previously her physical therapy did not provide much benefit in level of function or in improving symptoms. She has received sufficient physical therapy to have implemented a home exercise program. Even if the treating provider feels that additional therapy would provide benefit, such as if there were new treatment goals or a new injury, 18 sessions of therapy is beyond a reasonable trial to determine if there is benefit from such therapy. Therefore, the requested 18 sessions of physical therapy for the right ankle is not medically necessary or appropriate.