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| <b>Case Number:</b>   | CM14-0005459 |                              |            |
| <b>Date Assigned:</b> | 04/04/2014   | <b>Date of Injury:</b>       | 11/19/1989 |
| <b>Decision Date:</b> | 11/06/2014   | <b>UR Denial Date:</b>       | 12/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2014 |

### 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:

This is a 66-year-old female with an 11/19/89 date of injury. A specific mechanism of injury was not described. According to a progress report dated 1/13/14, the patient stated that her left foot and left ankle pain have improved. The edema and swelling are down. She can stand and walk a little longer. Objective findings: normal range of motion of ankle and foot, edema seems to be down to zero, decreased tenderness over the posterior tibial tendon, peroneal tendon, and plantar fascia. Diagnostic impression: chronic foot pain (under control), chronic ankle pain (under control), muscle strength (improved), tendonitis (under control). Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 12/23/13 denied the request for 4 additional physical therapy sessions. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 2 Times a week for 2 weeks, for The Left Ankle and Foot:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy , General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation

American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114 and Official Disability Guidelines (ODG) Ankle and Foot Chapter.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in this case, according to the UR decision dated 12/23/13, the patient has already completed 12 physical therapy sessions. Guidelines support up to 9 visits over 8 weeks for ankle/foot sprains. She has already exceeded the guideline recommended number of sessions with her completed physical therapy treatment. Although the patient has reported an improvement in her condition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. There is no documentation addressing why she has been unable to transition to a home exercise program at this time. Therefore, the request for Additional Physical Therapy, 2 Times a Week For 2 Weeks, For the Left Ankle and Foot was not medically necessary.