

<b>Case Number:</b>	CM14-0009441		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/23/1994
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 patient was injured on 05/23/1994. She sustained an injury when she fell. The mechanism of injury is unknown. PR2 dated 12/09/2013 states the patient complains of low back pain and left ankle foot pain. On exam, there is decreased range of motion. There is tenderness at the calcaneus and tight heel cord. X-ray reviewed revealing mild degenerative disc disease at L5-S1. Diagnoses are lumbar sprain and ankle sprain, NEC. The patient is taking hydrocodone, Dolprofen, and Voltaren cream. Prior UR dated 01/02/2014 reports physical therapy request is not authorized as there is no documentation supporting any acute deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT ANKLE (QTY: 12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM-  
[HTTPS://WWW.ACOEMPRACGUIDES.ORG/ankle](https://www.acoempracguides.org/ankle) and foot Table 2, Summary of Recommendations, Ankle and Foot Disorders.,

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

on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Ankle, Physical Therapy.

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. As per ODG guidelines, Physical Therapy (PT) is recommended for some ankle injuries. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist. The most recent available medical records dated 12/09/2013 address the diagnosis of Sprain of Ankle. The guidelines state that the recommended sessions for Ankle sprain are 9 visits over 8 weeks. Therefore, the requested Physical therapy 3 times a week for 4 weeks for the left ankle exceeds the guidelines recommendation, and accordingly is not medically necessary and appropriate.