

<b>Case Number:</b>	CM14-0102096		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 21-year-old male who reported a work related injury on 09/04/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses include status post crush injury of the left ankle/foot and possible early complex regional pain syndrome, stage 1. Past treatment has included physical therapy and acupuncture. Diagnostic tests included a CAT scan of the left ankle, which revealed mild osteoarthritic changes in the left ankle on an unspecified date. The injured worker complained of left ankle pain. The injured worker stated his left ankle is improving slowly. He stated he is not getting much relief with acupuncture. Upon physical examination of the left foot and ankle, it was noted that the injured worker had an antalgic favoring the left side. There was medial and lateral joint line tenderness on the left. Coordination testing showed the injured worker was to toe walk and heel walk with pain. There were positive sinus tarsi on the left and a negative anterior drawer's sign. The treatment plan consisted of physical therapy 2x3 weeks for the left ankle, stop acupuncture, and a Request for Authorization for home interferential unit for pain control, a Request for Authorization for MRI of the left ankle, and a left ankle brace for support. The rationale for the request was not provided for review. A Request for Authorization form was submitted for review on 04/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 X 3 (2 times a week for 3 weeks) for Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The request for additional Physical Therapy 2 X 3 (2 times a week for 3 weeks) for left ankle is not medically necessary. The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worker completed physical therapy and received acupuncture treatment but stopped acupuncture, as it was not providing any relief. However, documentation regarding those sessions were not provided for review. There was also no mention of functional improvements such as working well performing usual and customary duties. Additionally, within the documentation there was no evidence of exceptional factors to warrant additional visits. Furthermore, The California Chronic Pain Medical Treatment Guidelines also recommends active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Moreover, the clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regards previous physical therapy sessions. There is no documentation of any significant residual functional deficits to support the request for additional therapy. Therefore, additional Physical Therapy 2 X 3 (2 times a week for 3 weeks) for left ankle is not medically necessary.