

<b>Case Number:</b>	CM14-0106231		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Interventional Spine, 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 is a 50-year-old female with date of injury of 06/05/2013. The listed diagnoses per [REDACTED] from 04/30/2014 are: 1. Ankle sprain and strain 2. Unspecified site of ankle sprain and strain According to this report the patient complains of persistent pain in the right ankle. She rates her pain 9/10. She states that she "constantly feels sharp pain on top of her foot." The examination of the ankle shows minimal tenderness to palpation and swelling in the anterior ankle. There is tenderness to palpation and swelling in the posterior ankle. Range of motion is decreased. The utilization review denied the request on 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 X 4 weeks right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with right ankle pain. The treater is requesting 12 physical therapy visits for the right ankle. The MTUS guidelines page 98 and 99 on physical

medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy reports from 01/09/2014-02/07/2014 show a total of 12 physical therapy visits. The 02/07/2014 PT report shows that the patient is feeling better but she still feels stabbing pain in her right Achilles tendon and flexor hallucis longus. The 04/30/2014 report notes that the treater is requesting additional physical therapy to increase range of motion/flexibility, increase strength, increase function, stabilization and reduce spasms. In this case, the patient has received 12 physical therapy sessions recently and the requested 12 would exceed MTUS recommendations. The patient should be able to transition into a home exercise program to improve range of motion, flexibility and strength. The request is not medically necessary.