

<b>Case Number:</b>	CM14-0015927		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Illinois. 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 59-year-old female with a reported injury on 03/23/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/18/2013 reported that the injured worker complained of right ankle pain. The physical examination of the cervical and lumbar spine revealed paraspinal muscle tenderness with painful range of motion. The physical examination of the injured worker's right ankle revealed tenderness over the lateral aspect and painful range of motion, especially with extension, flexion, and pronation. The injured worker's diagnoses included status post right shoulder diagnostic and operative arthroscopy on 01/20/2011, industrial injury to the right shoulder on 03/23/2010. The injured worker's diagnostic studies included EMG/NCV studies; right ankle MRI on 06/26/2013 revealing chronic pain and sprain; and cervical spine MRI on 07/26/2013 revealing multilevel degenerative disc disease with disc desiccation and disc bulging. The injured worker's prescribed medication list included Flector patch, Norco 10/325, omeprazole, and naproxen. The provider requested 12 sessions of physical therapy for the right ankle; the rationale was not provided within the clinical note. The Request for Authorization was submitted 01/23/2014. The injured worker's prior treatments were not provided within the clinical note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT ANKLE:** Upheld

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

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

**Decision rationale:** The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There is a lack of documentation indicating the injured worker has significant functional deficit. Moreover, the request for 12 sessions of physical therapy exceeds the guideline recommended 8 to 10 visits. Given the information provided, there is insufficient evidence to determine appropriateness of physical therapy to warrant medical necessity.