

<b>Case Number:</b>	CM14-0017659		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/12/2008
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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 claimant is a 73 year old male who reported an injury on 10/12/2008. The mechanism of injury was noted to be a twisting injury. As per the clinical note dated 03/06/2014 the injured worker reported he had a 50-60 percent improvement to having less pain in his right foot and ankle after having the second injection. The provider noted the injured worker had limitation in dorsiflexion in the right ankle to 8 degrees and +4-5/5 inversion/eversion strength. The claimant had an arthroscopic debridement, partial plantar fasciotomy neurolysis, Achilles tendon repair, excision of Haglund's process right. Diagnoses include complex regional pain syndrome right ankle and foot. The treating physician recommended complete sympathetic nerve block injections for the patient's complex regional pain syndrome. As per the physical therapy note dated 03/12/2014 the injured worker completed 12 physical therapy sessions. The injured worker reported pain rated 3/10 with ambulation, and pain rated 7/10 during inversion/eversion. There were diagnoses of right ankle CPRS as well as right foot contusion. The provider reported the injured worker had significant improvement with physical therapy in active range of motion and strength; however, the injured worker reported minimum to moderate pain with ambulation, and was unable to ambulate longer than 2 hours without an increase in pain. The claimant also presented with valgus deformity of the right ankle. Dorsiflexion to the right ankle was noted on 01/31/2014 at -10 degrees which improved to 7 degrees on 03/12/2014. Plantar flexion was 50 degrees; eversion on 01/31/2014 was 0 degrees that improved on 03/12/2014 to 18 degrees; inversion was 10 degrees on 01/31/2014 that improved to 15 degrees on 03/12/2014. The request for authorization was not provided. The provider requested physical therapy twice week for 6 weeks for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE RIGHT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend allowing for fading of treatment frequency, from up to 3 visits per week to 1 or less. The MTUS guidelines recommend injured workers should participate in an active self-directed home physical medicine program. MTUS guidelines also recommend 24 sessions of physical therapy over 16 weeks for complex regional pain syndrome. In this case, the injured worker had 12 visits of physical therapy from 01/31/2014 through 03/12/2014 with documented improvement. The treating physician previously requested nerve root blocks along with physical therapy, but there was no documentation of the previous injection. It was unclear if the injured worker received physical therapy prior to 01/31/2014 as well as the efficacy of any physical therapy prior to that date. Therefore, the request for additional physical therapy twice week for 6 weeks is not medically necessary and appropriate.