

<b>Case Number:</b>	CM14-0017673		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/12/2014
<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 injured worker is a 35-year-old female who reported an injury on 02/04/2010, the mechanism of injury was not provided. The clinical note dated 04/24/2014 noted the injured worker presented with pain and swelling in the left ankle. Upon exam, there was mild swelling, and the diagnoses were status post left ankle medial malleolus, post-traumatic OA of the left ankle, and neuropraxia and tendinitis. Current treatment includes Skelaxin, Tylenol and home exercises. Previous treatment included Tylenol, Aleve, and nerve testing which returned as negative. The provider recommended physical therapy 3 times a week for 6 weeks to the left ankle/foot, no rationale was provided.

### 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 6 WEEKS TO LEFT ANKLE / FOOT:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that active therapy 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. Active therapy requires an internal effort by the individual to complete a specific task or exercise. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The MTUS Chronic Pain Guidelines allow for up to 10 visits of physical therapy. The request for physical therapy 3 times a week for 6 weeks exceeds the MTUS Chronic Pain Guidelines' recommendations. Also, the physical examination provided failed to document the presence of significant objective deficits that would support the necessity of supervised formal therapy. As such, the request is not medically necessary and appropriate.