

<b>Case Number:</b>	CM14-0124801		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 and Rehabilitation 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 52 year old male with date of injury 5/13/13. The treating physician report dated 6/03/14 indicates that the patient presents with pain affecting left lower leg and left ankle/foot pain. The patient's initial injury occurred when his foot was smashed by two pallets. The patient had left ankle surgery on 9/20/13. Post surgery the patient's pain worsened and swelling did not go away. The patient has since undergone x-rays, MRI, bone scan and 16 sessions of post-surgical physical therapy. The current diagnoses are Left ankle sprain/strain with postoperative MRI findings osteochondral defect medial talar dome with peroneus brevis tendinitis, Status post left ankle arthroscopy with marked residuals, and R/O reflex sympathetic dystrophy left leg, left ankle and left foot. The utilization review report dated denied the request for additional physical therapy twice a week for four weeks for the left foot/ankle based on the rationale of the patient not progressing with physical therapy treatment due to pain. There is no additional documentation regarding reasoning for additional physical therapy despite lack of progress during the initial 16 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy twice a week for four weeks for the left foot/ anklequantity, 8 is not medically necessary and appropriate.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** MTUS Post-Surgical Treatment Guidelines state that the patient is allowed 34 visits over 16 weeks post surgery for ankle strain/sprain. The patient is now 11 months post surgery so the MTUS physical medicine guidelines must be utilized. In this case the patient has shown little to no improvement with the 16 sessions of post-surgical physical therapy he has already completed. There is no documentation of a new injury or diagnosis and there is no medical justification provided to continue with additional physical therapy at this time. Therefore, the request for additional physical therapy twice a week for four weeks for the left foot/ ankle quantity, 8 is not medically necessary and appropriate.