

<b>Case Number:</b>	CM14-0128536		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 52-year-old female who reported an injury on 02/04/2014. The mechanism of injury was noted to be stepping into a hole and twisting her ankle then falling on her right knee. Her diagnosis was noted to be tearing of the peroneus brevis tendon of the left ankle. Previous treatment was noted to be physical therapy. The injured worker had diagnostic imaging including an MRI and an x-ray of the left ankle. The injured worker had a clinical evaluation on 06/13/2014. She was noted to be awaiting surgery. Her objective complaints were noted to be left ankle pain rated a 3/10 to 6/10. She indicated pain varied between a dull and burning sensation. The injured worker stated pain fluctuated with walking and standing and pain was decreased with rest. The objective findings noted within this Primary Treating Physician's Progress Report states no changes since last physical examination on 05/21/2014. Treatment plan included a consult for internal medicine for weight loss and gastritis. The injured worker received a cortisone injection in the right knee for complaints of knee pain. The documentation was not specific to medications. The provider's rationale was not noted within the most recent Primary Treating Physician's Progress Report. A Request for Authorization was not noted within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY RIGHT KNEE/LEG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 378.

**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 physical medicine. 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 exercise or task. This form of therapy may require supervision from a therapist or a medical provider such as verbal, visual and/or tactile instruction. The patients 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. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home physical medicine. The guidelines allow up to 10 visits over 8 weeks. The provider's request fails to indicate a number of visits and duration of therapy. The Primary Treating Physician's Progress Report fails to indicate a physical examination of the right knee and leg including the range of motion and strength as well as any functional deficits. As such, the request for Physical Therapy Right Knee/Leg is not medically necessary.