

<b>Case Number:</b>	CM14-0135011		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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, has a subspecialty in Interventional Spine Pain Management 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 36 year old female with an injury date of 02/04/10. Based on the 07/24/14 progress report by [REDACTED], the patient complains of noticeable increase in pain since Worker's Comp denied her medication. Mild swelling is present. Pain is increased in ankle with prolonged walking. The pain is in the ankle and radiates up the leg and knee. She has also mentioned pain radiating up to her back, dated 05/16/14. The diagnosis is S/P ORIF left ankle medial malleolus fx and post-traumatic OA left ankle with nueroproxia and tendonitis. No surgery is mentioned. [REDACTED] is requesting physical therapy 3 times a week for 6 weeks on the left ankle. The utilization review determination being challenged is dated 08/06/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/12/14 - 07/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x6 Left 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): 98-99.

**Decision rationale:** The patient presents with mild swelling in the left ankle as well as increase in pain since medication had been denied. The request is for Physical Therapy 3 xs per week for 6 weeks. The patient did undergo an open reduction internal fixation of the ankle. No surgery date is mentioned and it does not note that the patient is in the post-op time frame. There is no mention to the number of PT sessions previously completed. The request was denied by utilization review letter dated 08/06/14. The rationale was "the patient was to do home exercise as directed." MTUS pages 98,99 states for Myalgia and myositis, physical therapy sessions allowed are 9-10 visits over 8 weeks. With neuralgia, neuritis, and radiculitis, physical therapy sessions allowed are 8-10 visits over 4 weeks and reflex sympathetic dystrophy, 24 sessions over 16 weeks. In this case, the provider does not discuss the patient's therapy treatment history. There is no rationale as to why this patient requires formalized therapy rather than perform the necessary exercises at home. In addition, the requested 18 sessions of therapy exceeds MTUS guidelines for the type of condition this patient presents with. Therefore, this request is not medically necessary.