

<b>Case Number:</b>	CM14-0136551		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational Medicine 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 injured worker is a female with date of injury 6/30/2014. The medical records were reviewed. Per initial comprehensive orthopedic evaluation dated 8/4/2014, the injured worker has pain in the right ankle that increases with standing and walking. The pain also increases with flexion of the foot. There is swelling with prolonged walking. There is not instability felt in the ankle when walking. The pain level is 7/10 on average. On examination posture is noted to be good with no abdominal protuberance. The shoulders and iliac crest are level. There is no scoliosis, kyphosis, lordosis or listing of the spine while standing. There is no winging of the scapula. There is no physical deformity or defect. There is no tremor or fasciculation in either extremity. There is no discoloration or masses on the skin. No scars are noted. She walks in good balance with not orthotics. Toe walking is performed without difficulty. Heel walking is performed with normal ankle and toe dorsiflexion. Right ankle range of motion is normal in all planes. There is 4+ tenderness over the lateral ankle capsule and calcaneo-fibular ligaments. Forced inversion test does not reveal any instability. Diagnosis is right ankle sprain with continued symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post injection physical therapy for the right ankle, 2 times a week for 3 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment in Workers Compensation (TWC), Integrated Treatment/Disability Duration Guidelines, Ankle and Foot (Acute and Chronic)

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. This request is for physical therapy for the right ankle following right ankle injection. The injured worker has received physical therapy previously, but this was for a different body part. This is not a request for the injections, which is what the claims administrator appears to have addressed as the reason for not approving the request. The request for physical therapy is consistent with the recommendations of the MTUS Guidelines and is deemed medically necessary. The request for Post injection physical therapy for the right ankle, 2 times a week for 3 weeks is determined to be medically necessary.