

<b>Case Number:</b>	CM14-0154307		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Arizona & 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 21-year-old female who reported injury on 05/22/2014. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of right ankle sprain with chronic regional pain syndrome. Past medical treatment consists of physical therapy and medication therapy. Medications consist of Norco 5's, Zofran, Nabumetone 750 mg, Biofreeze tube 4 oz 120 g. MRI of the right ankle was obtained on 07/10/2014 which revealed edema in the deltoid ligament consistent with a healing sprain or stress response. On 08/14/2014 the injured worker complained of right ankle pain. Range of motion of the ankle revealed a 15 degree dorsiflexion and 15 degrees on plantar flexion. Grossly intact to light touch sensation. The injured worker had hypersensitivity to touch in the foot, ankle, and lower leg. The dorsalis pedis and posterior tibial pulses were 2/4 bilaterally with both feet warm to touch. Medical treatment plan is for the injured worker to continue with physical therapy 3 times a week for 4 weeks. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3 times a week for 4 weeks, right ankle:** Upheld

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

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

**Decision rationale:** The request for Additional Physical Therapy 3 times a week for 4 weeks, right ankle is not medically necessary. The submitted documentation lacked details regarding the injured worker's subjective functional gains obtained with prior physical therapy. Based on lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Therefore, because there is minimal evidence of current objective functional deficits in the right ankle, the request is not supported. Furthermore, the request is for an additional 12 sessions, exceeding the MTUS recommended guidelines. As such, the request for additional physical therapy 3 times a week for 4 weeks, right ankle is not medically necessary.