

<b>Case Number:</b>	CM14-0162213		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Geriatrics and is licensed to practice in New York. 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 34 year old man with a date of injury of 6/20/14. He was seen by his primary treating physician on 8/4/14 with complaints of left ankle and left foot pain after an injury requiring sutures. His exam showed an antalgic gait with moderate tenderness to palpation surrounding the area of suture placement between the 1st and 2nd toes. He was also tender on the lateral malleolus and anterior talofibular ligament with increased pain on inversion. He had reduced range of motion in the left ankle > the right ankle. A left ankle and foot x-ray were unremarkable. His diagnoses were left foot crush injury with residual pain and left ankle sprain/strain. Physical therapy three times per week for four weeks was recommended and per the records he underwent physical therapy beginning 8/27/14 until 10/1/14. A home exercise program was in place. At issue in this review is the request for Physical therapy 3 visits, left ankle and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 visits for left ankle and foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** 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. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program was in place. Therefore, the request for Physical therapy 3 visits for left ankle and foot is not medically necessary and appropriate.