

<b>Case Number:</b>	CM14-0025584		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 with a reported date of injury on 12/17/2007. The mechanism of injury reportedly occurred while the injured worker was playing basketball at a company function. The injured worker was status post open repair of the Achilles tendon on 02/08/2008. According to the documentation provided for review, the injured worker previously participated in physical therapy. The injured worker presented with chronic left ankle pain rated at 8/10. Upon physical examination, the left ankle range of motion revealed dorsiflexion to 10 degrees, plantarflexion to 40 degrees, subtalar eversion to 20 degrees, and subtalar inversion to 30 degrees. Ankle stability was noted to be normal. The injured worker's range of motion to the left ankle was reported as normal. The clinical documentation provided for review indicates the injured worker has undergone extensive physical therapy treatment postsurgically. The injured worker indicated that she had difficulty standing, dancing, and wearing high heels. Authorization for physical therapy x12 sessions, left ankle as submitted on 02/27/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X 12 SESSIONS, LEFT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The California MTUS Guidelines recommend physical therapy as indicated. 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The California MTUS Guidelines recommend 8 to 10 visits over 4 weeks. According to the documentation provided for review, the injured worker has previously participated in extensive physical therapy. There is a lack of documentation related to the injured worker's functional deficits. The injured worker's left ankle stability was recorded as normal. Twelve additional sessions of physical therapy exceeds the recommended guidelines. Therefore, the request for physical therapy x12 sessions, left ankle is not medically necessary.