

<b>Case Number:</b>	CM14-0034515		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and Rehabilitation 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:

This 45 year-old female sustained an injury on 10/19/09 while employed by the [REDACTED]. Request under consideration include PHYSICAL THERAPY (X12). Report of 11/25/13 from the provider noted the patient with ongoing ankle pain. Diagnoses included right ankle chronic strain/sprain; posterior tibial tendinitis; and resolving plantar fasciitis. The patient noted improvement with physical therapy; however, still with pain with prolonged driving. Exam showed tenderness over the lateral right ankle with 4/5 peroneal motor strength. It was noted the patient was approaching P&S status. Report of 12/20/13 from the provider noted patient with persistent ankle and foot pain improving with therapy. Exam showed diffuse pain in right ankle and foot; full range of motion of ankle; stable; normal neurovascular exam; mild antalgic gait favoring right leg. Diagnoses included right ankle strain/spain; and right foot strain/sprain. Plan for PT with P&S possibly in 6 weeks. Letter of 2/21/14 from the provider noted the patient has persistent pain over the anterior lateral aspect of the peroneal tendons on right foot. Exam showed 4/5 strength with mild laxity when stressing ankle to varus and was able to work with ankle bracing. Additional PT was so she can be brace free for persistent weakness, mild instability of varus stress; consistent with lateral ankle ligamentous injury and peroneal tendinitis. Request for Physical therapy was modified on 12/2/13 for 4 visits to transition the patient to an independent home exercise program with guidelines citations and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (X12): 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:** This 45 year-old female sustained an injury on 10/19/09 while employed by the [REDACTED]. Request under consideration include PHYSICAL THERAPY (X12). Report of 11/25/13 from the provider noted the patient with ongoing ankle pain. Diagnoses included right ankle chronic strain/sprain; posterior tibial tendinitis; and resolving plantar fasciitis. The patient noted improvement with physical therapy; however, still with pain with prolonged driving. Exam showed tenderness over the lateral right ankle with 4/5 peroneal motor strength. It was noted the patient was approaching P&S status. Report of 12/20/13 from the provider noted patient with persistent ankle and foot pain improving with therapy. Exam showed diffuse pain in right ankle and foot; full range of motion of ankle; stable; normal neurovascular exam; mild antalgic gait favoring right leg. Diagnoses included right ankle strain/spain; and right foot strain/sprain. Plan for PT with P&S possibly in 6 weeks. Letter of 2/21/14 from the provider noted the patient has persistent pain over the anterior lateral aspect of the peroneal tendons on right foot. Exam showed 4/5 strength with mild laxity when stressing ankle to varus and was able to work with ankle bracing. Additional PT was so she can be brace free for persistent weakness, mild instability of varus stress; consistent with lateral ankle ligamentous injury and peroneal tendinitis. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received a significant quantity of therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient was recently partially-certified for an additional 4 PT sessions for re-education and instruction on a home exercise program for this 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The PHYSICAL THERAPY (X12) is not medically necessary.