

<b>Case Number:</b>	CM14-0039480		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 69 year-old female with the date of injury of 02/19/2013. The patient presents with right anterior ankle pain. The patient denies radiating pain, numbness, tingling, or swelling. The patient has a hard time walking or standing longer than half an hour due to increased pain in her right ankle. According to [REDACTED] report on 07/18/2014, his impression is right anterior ankle impingement. [REDACTED], DPT requested additional physical therapy 2 times per week, for 3 weeks for the right foot. The utilization review determination being challenged is dated on 03/26/2014. DPT [REDACTED] is the requesting provider, and she provided treatment reports from 11/04/2013 to 07/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy two (2) times a week for three (3) weeks for the right foot:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with right ankle pain and is unable to stand or walk longer than 30 minutes without a cane. The request is for physical therapy 2 times per week times 3 weeks for the right ankle. [REDACTED] report on 03/10/2014 indicates that the patient had 5 visits of physical therapy without much benefit. [REDACTED] states that the patient still reports decreased range of motion, decrease stance on the right. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the provider has asked for therapy but does not indicate why therapy is needed at this point. Prior treatments have failed and there is no explanation as to why therapy can be helpful now. The provider does not discuss home exercises either. Additional 6 sessions combined with already provided 5 sessions would exceed 10 sessions allowed MTUS as well. Therefore, this request is not medically necessary.