

<b>Case Number:</b>	CM14-0040708		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Pain Management 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 injured worker is a 22-year-old female who sustained an injury on June 18, 2013. She is diagnosed with right ankle and foot sprain/strain with mild subcutaneous edema. She was seen for an evaluation on June 3, 2014. She complained of right ankle and foot pain, which was rated 8/10. He reported that pain improved with medication and therapy. Examination revealed tenderness over the right lateral and medial ankle. His range of motion was limited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Physiotherapy for the right foot and ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers Compensation (TWC): Online Ed., Chapter: Ankle & Foot; Physical Therapy (PT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical therapy

**Decision rationale:** The request for eight sessions of physiotherapy for the right foot and ankle is not medically necessary at this time. It has been determined from the reviewed medical

records that the injured worker previously underwent physiotherapy sessions to the right foot and ankle. However, there was lack of documentation of objective functional improvement to warrant further sessions of physiotherapy. Hence, the necessity of eight sessions of physiotherapy to the right foot and ankle was not established.