

<b>Case Number:</b>	CM14-0046962		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 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 67-year-old female who reported an injury on 09/20/2010. The mechanism of injury was a student dropped a paint bottle on the injured worker's right foot from a height of approximately 3 feet, and the weight was approximately 1 pound. The injured worker had surgery on her right foot and slipped with her crutches and injured her left foot postsurgically. The injured worker's surgery on her left foot took place on 12/04/2013 with a left peroneal longus tendon repair and a left superior peroneal retinaculum reconstruction. The injured worker was noted to undergo 13 sessions of physical therapy postoperatively. The documentation indicated the injured worker had been approved for 16 sessions. The documentation of 03/03/2014 revealed the injured worker had 13 sessions, and had missed 1 session. The diagnosis was pain, peroneal tendonitis, and peroneal tendon injury. The left ankle strength was 4/5 in dorsiflexion, plantarflexion, inversion, and 3+/5 for eversion. The injured worker had increased left ankle swelling and was continuing to ambulate with a boot. The injured worker's left ankle range of motion in plantarflexion on initial evaluation was 12/38 degrees, and on the visit of 03/03/2014 with evaluation was 0/48 degrees. The initial evaluation for inversion was 0/12 degrees, and on re-evaluation was 0/28 degrees. On eversion, the initial evaluation did not test the range of motion, and on re-evaluation, the injured worker had 0/4 degrees. The documentation indicated the injured worker had used 14 of 16 visits, and the plan was to continue with 2 more visits to continue range of motion and strengthening, and there was a recommendation for an additional 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12, 13.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines recommend 8 sessions of physical medicine postoperatively for a dislocation of the peroneal tendons. The clinical documentation submitted for review indicated the injured worker had participated in 12 sessions of therapy and had an additional 2 sessions. The documentation indicated the injured worker had received benefit from the sessions and was continuing to wear a boot. There was a lack of documentation of a re-evaluation after the final therapy session. The request for 12 additional sessions would be excessive. The request as submitted failed to indicate the body part to be treated with therapy. Given the above, the request for additional physical therapy is not medically necessary.