

<b>Case Number:</b>	CM14-0053833		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 OCCUPATIONAL MEDICINE, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle and lower leg pain reportedly associated with an industrial injury of September 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier Open Reduction and Internal Fixation of a Tibial Fracture on September 17, 2012; Left Tibial Nonunion Repair Surgery on March 28, 2013; Resection of a Saphenous Nerve Neuroma on August 26, 2013; a Gastrocnemius Recession procedure on November 22, 2013; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 12, 2014, the claims administrator denied a request for 12 sessions of physical therapy, stating that the applicant already had 19 sessions of physical therapy treatment, presumably following the most recent procedure on November 22, 2013. Despite the fact that the applicant was seemingly outside of the four-month postsurgical physical medicine treatment period cited by the claims administrator, the claims administrator nevertheless cited the postsurgical treatment guidelines in MTUS 9792.24.3. The applicant's attorney subsequently appealed. In an April 21, 2014 psychiatric medical-legal evaluation, the applicant was described as having issues with anxiety. The applicant states that he was doing a few minutes of stretching and 10 minutes of stationary bike riding on a daily basis, but did have ongoing mental health issues with anxiety. Applicant had nightmares and variable mental energy, it was acknowledged. A physical therapy log dated October 24, 2013 suggested the applicant had 20 sessions of physical therapy between April 19, 2013 and September 27, 2013. The applicant did undergo a Gastrocnemius Recession-Strayer procedure on November 22, 2013. Electrodiagnostic testing of February 17, 2014 was notable for bilateral lower extremity sensory neuropathy. In a physical therapy progress note of March 24, 2014, the applicant was described as having persistent complaints of calf, heel, and knee pain. The applicant was having difficulty with certain

activities. The applicant was working hard to try and improve his strength, including through home and gym exercise programs, it was noted. Tightness, stiffness, weakness about the ankle, and lower extremity musculature were nevertheless appreciated. The applicant was having difficulty performing weightbearing activities, it was suggested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 SESSIONS OF PHYSICAL THERAPY: Overturned**

**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): 99.

**Decision rationale:** While the 12-session course of treatment does represent treatment slightly above and beyond the 9- to 10-session course recommended on page 99 on the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the diagnosis reportedly present here, in this case, the catastrophic nature of the applicant's issues and injuries requiring four separate surgeries over 2012 and 2013 do suggested that the applicant has additional impairment well above and beyond that encapsulated in the guideline. The applicant, as of the date of the Utilization Review Report and as of the date of the physical therapy report of March 24, 2014, did have significant residual weakness, stiffness, and difficulty with weight bearing activities evident. Additional physical therapy to try and facilitate the applicant's successful return to some form of work and/or fully transition to home exercises was indicated. Therefore, the request was medically necessary.