

<b>Case Number:</b>	CM14-0082567		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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:

This is a patient with a date of injury of June 23, 2011. A utilization review determination dated May 5, 2014 recommends noncertification of physical therapy 2 times a week for 4 weeks to the left ankle. Noncertification was recommended due to a lack of documentation of any remaining functional deficits that could not be addressed with an independent program of home exercise. A physical therapy reevaluation dated May 9, 2014 indicates that the patient has improved range of motion of the ankle as well as reduced pain and only slight remaining strength deficits. A progress report dated March 10, 2014 identifies subjective complaints of pain in the left knee joint which locks and gives out. The patient cannot do repetitive kneeling or squatting activities. The patient has received 50% improvement after the 1st left ankle intra-articular injection performed on February 26, 2014. Objective examination findings do not include evaluation of the patient's ankle. The diagnosis is limited range of motion of the left knee. The treatment plan is for a 2nd left knee intra-articular injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy two times a week for four weeks to left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Ankle & Foot Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is indication of objective functional improvement from the therapy already provided. However, there is no documentation of specific ongoing objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.