

<b>Case Number:</b>	CM14-0098681		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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:

This patient is a 44 year old male with an injury date of 10/20/12. The 05/15/14 progress report by [REDACTED], notes this patient feels that he is progressing, however slowly' and has improved symptoms with less pain in the ankle area. This patient states the velocity brace helped reduce a small amount of the pain. An exam of this patient by [REDACTED] shows edema has reduced in the tarsal tunnel area and deep palpation and percussion elicited radiating pain from the tarsal tunnel and from the peroneal nerve. Diagnoses for this patient are partial rupture of the posterior tibial tendon and impairment of the posterior tibial nerve. The utilization review being challenged is dated 06/05/14. The request is physical therapy x 6 sessions left ankle. The requesting provider is [REDACTED] and he provided progress reports from 01/23/14 to 05/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Sessions of Physical Therapy, Left Ankle: Upheld**

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

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

**Decision rationale:** This patient presents pain in the ankle area. The physician requests physical therapy x 6 sessions for the left ankle. MTUS guidelines, pages 98-99, allows for 8-10 physical therapy visits for unspecified neuralgia, neuritis, and radiculitis. [REDACTED] 05/15/14 progress notes this patient has improved as expected and has discontinued Oxycodone and will begin using Terocin patches. A request for authorization (RFA) for physical therapy 3 times a week for 4 weeks for the left ankle was submitted by [REDACTED] on 05/15/14, for which, 6 of the 12 sessions were authorized. The total number of physical sessions completed is unknown, functional improvements made, or the lack of, has not been documented. Additionally, no documentation has been provided as to why this patient requires additional physical therapy or why he can or cannot be reasonably expected to transition to an independent, self-directed home exercise program. Furthermore, the request for 6 sessions, in addition to the 6 already authorized on the 05/15/14 RFA would exceed the maximum number of therapy sessions recommended by MTUS for this type of diagnosis. Therefore the request is not medically necessary.