

<b>Case Number:</b>	CM14-0190229		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Family 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 injured worker is a 22-year-old male who experienced an industrial injury 05/20/14. The mechanism of injury was documented on the physician's first report of occupational illness/injury. The injury was described as when the injured worker was on patrol while on duty; he was walking down the parking lot and his right foot slid down. He pulled his leg back before it got fully twisted and it hurt as he walked back to his post. There is a medical report dated 05/27/14, which noted the injured worker's injury was 60 percent better. The treatment was followed and tolerated, and he was currently on modified duty. During this visit, he complained of dull, mild and intermittent pain to the right ankle and the symptoms were exacerbated by movement and lessened by rest. Right ankle pain was rated a 3 on 1/10 scale. Objectively, there was point tenderness in the right ankle. Diagnosis was right ankle sprain/strain. Physical therapy was ordered to help with recovery. He presented for reevaluation by the primary treating physician 08/27/14 with complaints of low back and right foot pain which increases when walking. Objective findings noted he ambulated with a cane and a limp on the right. Diagnoses were right ankle and lumbosacral strain. Treatment recommendations consisted of physiotherapy 3 times per week, chiropractic treatment 2 times per week, acupuncture 2 times per week and computerized ROM and muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy to the right ankle and foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 14 Ankle and Foot Complaints Page(s): 16, 1395, and 1405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Physiotherapy, Online.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines indicate that for myalgia and myositis, 9-10 visits over 8 weeks is appropriate. The request does not meet the guideline recommendation, as the patient was injured approximately 7 months ago without documentation of how many sessions of PT previously performed or documentation of objective functional improvement through prior therapy. Therefore, this request is not medically necessary.