

<b>Case Number:</b>	CM14-0192081		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 New Jersey. 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 reported an injury on 06/26/2014. The mechanism of injury was when a driver ran over his left ankle and foot. The diagnoses included left ankle possible contusion, deconditioning, and decreased confidence, sprain/strain of the left foot/ankle. Previous treatments included medication, 12 sessions of physical therapy with no relief. Diagnostic testing included a magnetic resonance imaging (MRI) of the ankle and foot. On 09/22/2014, it was reported the injured worker complains of left foot and ankle pain. He rated his pain 9/10 in severity. He reported the pain radiates up to the left lower extremity and into the hip area. The injured worker reported having numbness and tingling sensation in his left ankle and foot and lower leg. The physical examination revealed the injured worker had an antalgic gait favoring the left leg. Provider noted the injured worker had pain with toe motion, subtalar motion, and metatarsal head compression on the left. The provider noted there was tenderness to palpation of the left joint line, medial deltoid ligament, anterior talofibular ligament, lateral collateral ligament, medial malleolus, lateral malleolus, metatarsal heads, plantar fascia, calcaneus, and inner spaces. Range of motion noted on the ankle/foot on the left was noted to be flexion at 30 degrees and extension at 18 degrees, and inversion of 22 degrees, and eversion of 12 degrees. The provider also noted sensation was within normal limits of the L4, L5, and S1 dermatomes. The provider noted hypesthesia on the left at the S1 dermatome. The provider requested additional physical therapy to the left ankle and foot to include pain relief and functional improvement. However, there was a Request for Authorization was submitted and dated 10/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 4Wks left Ankle/Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, (web), 2014 Ankle & Foot Chapter, Physical Therapy

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

**Decision rationale:** The request for Physical Therapy two times a week times four weeks for the left ankle/foot is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. The clinical documentation submitted indicated the injured worker had undergone 12 sessions of physical therapy with little functional improvement. However, the number of sessions the injured worker has undergone with the number of requested services exceeds the guidelines recommendations. Therefore, the request is not medically necessary.