MAXIMUS Federal Services

| Case Number: | CM14-0195233 | | |
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| Date Assigned: | 12/02/2014 | Date of Injury: | 07/10/2008 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabn

## 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 patient is a 43 year old male with date of injury 07/10/2008. The treating physician report dated 10/09/14 (11) indicates that the patient presents with pain affecting the right ankle. The physical examination findings reveal continued mild tenderness to palpation anterior medial aspect of the right ankle joint at the anterior deltoid ligament deep to the scar. the suture anchor is not palpable. There is minimal focal edema around the surgical site. The scar is unchanged in appearance, there is a slight keloid formation. No pain with range of motion of the right ankle joint. Strength with dorsal flexion and plantar flexion inversion and eversion is 5 over 5. dorsiflexion to 15 and 30 plantar flexion of the ankle joint. The ankle is stable with inversion and talar tilt test and anterior drawer test. Prior treatment history includes right ankle arthroscopy,and deltoid ligament repair on 09/26/13. The patient also underwent open reduction internal fixation (ORIF) (undated) and hardware removal (undated). The patient had steroid injection in the right ankle (undated) (6) The current diagnosis is 845.0 - ANKLE SPRAIN AND STRAINThe utilization review report dated 10/31/14 denied the request for Physical therapy x 12 visits based on there being no documentation of how many sessions of PT were previously performed, or documentation of objective functional improvement through prior therapy and it is unclear why patient cannot be directed to a self home exercise program (HEP) by now.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (updated 7/29/14) Physical therapy

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

**Decision rationale:** The patient presents with right ankle pain. The current request is for Physical therapy x 12 visits. The treating physician states because he did not improve with the first surgery there is a good chance that he will not improve with the second surgery (12). The MTUS guidelines state that for myalgia and neuritis type conditions that 8-10 sessions are recommended. In this case, there has been no recent surgery so the post-surgical guidelines are not indicated for use. The current request is outside of the recommended 8-10 sessions, and the treating physician has not documented any new injury or extraordinary circumstance to provide treatment outside of the guidelines. The current request is not medically necessary and the request is not medically necessary.