

<b>Case Number:</b>	CM14-0196605		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency 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 19 year-old male who sustained an injury on June 13, 2014. The mechanism of injury occurred when a sheet rock dolly fell. Treatments have included medications, physical therapy, and walker/cane. The current diagnosis is right ankle fracture. The stated purpose of the request for physical therapy 2 x 6 for the right ankle was to provide ankle mobility and strength. The request for physical therapy 2 x 6 for the right ankle was modified for 6 sessions on November 7, 2014. Per the report dated October 7, 2014 the treating physician noted complaints of right ankle pain. The exam shows right foot weakened plantar flexion, and with little pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the right ankle:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Physical Therapy

**Decision rationale:** The requested physical therapy 2 x 6 for the right ankle is not medically necessary. Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Physical Therapy recommends up to 12 physical therapy sessions for this condition. The injured worker has right ankle pain and the treating physician documented right foot weakened plantar flexion with little pain. The treating physician has not documented functional improvement with completed therapy sessions, or the medical necessity for additional therapy beyond guideline recommendations. The criteria noted above not having been met, physical therapy 2 x 6 for the right ankle is not medically necessary.