

<b>Case Number:</b>	CM14-0204737		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Practice 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:

53 yr. old male claimant sustained a work injury on 8//9/11 involving the left ankle right shoulder and low back. He was diagnosed with a left ankle impingement and talar exostosis. He underwent surgery on 3/14/13 for arthroscopic debridement ,arthrotomy of the left ankle and partial excision of the medial talar exostosis. He had been using Butrans for pain. An progress note on 11/5/14 indicated the claimant had 4/10 pain with medication. Exam findings were notable for tenderness is the lumbar spine and a normal gait. A request was made for 8 sessions of physical therapy for the ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 visits of physical therapy for left ankle.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle pain and therapy.

**Decision rationale:** According to the guidelines, therapy for up to 18 sessions is appropriate post-operatively. For most myalgia and neuritis disorders, up to 8 sessions of therapy is

appropriate. In this case, the claimant's surgery was remote. The exam findings did not indicate any abnormalities in the ankle or in gait. The request for 8 sessions of therapy is not medically necessary.