

<b>Case Number:</b>	CM15-0001274		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 24 year old male who sustained an industrial injury on November 28, 2012. The injured worker reported hearing a snap and experienced sharp pain in the right ankle after stepping off of a platform. An MRI of the right ankle dated January 29, 2013 revealed a partial thickness tear of the anterior talofibular ligament. The injured worker was diagnosed with a right lateral ankle ligament talofibular rupture. Treatment to date has included x-rays, an MRI of the right ankle, 36 physical therapy visits and a right ankle Brostron-Gold procedure for removal of fracture fragments and repair of the anterior talofibular ligament. The current documentation dated November 11, 2014 notes that the injured worker reported low back pain and right ankle pain. Physical examination of the lumbar spine revealed an antalgic gait favoring the right ankle. Tenderness was noted over the lumbar spine. Examination of the right ankle and foot revealed tenderness over the lateral ankle. Muscle strength was decreased. Full range of motion was noted. On January 5, 2015 the injured worker submitted an application for IMR for review of an additional twelve physical therapy visits for the right ankle. On December 8, 2014 Utilization Review evaluated and non-certified the request for the twelve additional physical therapy visits for the right ankle. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Physical Therapy Visits to the Right Anke: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with chronic tendinitis, right ankle pain, improving. A right ankle Brostron-Gold procedure for removal of fracture fragments and repair of the anterior talofibular ligament dated 10/4/13 was performed. The current request is for 12 Physical Therapy Visits to the Right Ankle. The treating physician report dated 11/11/14 (38b) states "patient's ankle is slowly improving with therapy." Physical examination findings reveal that the patient presents with tenderness to palpation of the ankle. Pain with inversion and eversion of the ankle, although this is improving. An antalgic gait favoring the right leg and the use of a cane. The MTUS guidelines for physical therapy state under "Physical Medicine Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." It recommends 9-10 visits for myalgia/myositis/tendinitis type of symptoms. In this case, the patient has had 36 physical therapy sessions. The request for an additional 12 Physical Therapy sessions exceeds what is allowed per MTUS guidelines. The treating physician does not provide any specific rationale as to why therapy should be continued other than for subjective pain and slow recovery. The patient should be able to transition into home exercise program per MTUS guidelines. Recommendation is for denial.