

<b>Case Number:</b>	CM15-0100067		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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:

The injured worker is a 30 year old female, who sustained an industrial injury on 8/5/2010. She reported twisting her right ankle, falling and hitting her head. Diagnoses have included right ankle sprain/strain, right ankle instability and lumbar spine sprain/strain with radiculitis, rule out internal derangement. Treatment to date has included physical therapy, acupuncture, shockwave treatment and medication. According to the progress report dated 2/23/2015, the injured worker complained of pain in the right ankle. She also complained of lower back pain with radiation into her right leg. She had an antalgic gait to the left, favoring the right side. Exam of the right ankle revealed tenderness on the medial aspect of the right ankle. There was pain with dorsiflexion and plantar flexion on the right foot and ankle. Exam of the lower back revealed severe tenderness over the L3 through L5 at the right sacroiliac joint, the right piriformis and the right hip. Review of records noted that magnetic resonance imaging (MRI) showed a small effusion of the tibiotalar and subtalar joints as well as bony prominence at the poster superior aspect of the calcaneus with associated minimal retro calcaneal bursitis suggestive of Haglund's deformity. Authorization was requested for 12 sessions of physical therapy for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of physical therapy for the right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The patient presents with pain affecting the right ankle. The current request is for 12 sessions of physical therapy for the right ankle. The treating physician report dated 2/18/15 notes a recommendation of 12 sessions of physical therapy for range of motion. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the right ankle. The patient's status is not post-surgical. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Therefore, this request is not medically necessary.