

<b>Case Number:</b>	CM15-0109458		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Pennsylvania, Ohio, California  
 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 46-year-old female, who sustained an industrial injury on August 21, 2014. She reported an injury to her left ankle and heel. Treatment to date has included wound care, diagnostic imaging, left Achilles reconstruction surgery, medications, work restrictions and physical therapy. The documentation reveals the injured worker has received a total of twenty-six physical therapy sessions which have been beneficial yet she still remains symptomatic. Currently, the injured worker complains of left ankle pain which she rates a 7-8 on a 10-point scale. She reports that the pain is localized around the heel and bruising is present. She is not able to walk barefoot or wear sandals secondary to numbness in the foot. She reports that her pain increased with prolonged standing and walking and with descending stairs. She describes her pain as dull, aching, sharp, burning, electrical and tingling. There is swelling in the ankle and instability of the ankle. She reports limited range of motion and wakes up with stiffness in the ankle. On physical examination, the injured worker's left heel is swollen and tender. She has swelling at the distal portion of the heel cord. She has numbness distal to her surgical scar with numbness of the calcaneus on both sides. The bottom of her left foot is totally numb. She has a negative Thompson's test indicative that her heel cord is in continuity. The diagnoses associated with the request include status post large laceration of the left lower leg and transected heel cord with never damage and status post surgical repair with residuals. The treatment plan includes continuation of physical therapy for further mobilization and rehabilitation of the left ankle, home exercise program, Norco, and triple transdermal cream.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy 2 x 6 for the left ankle:** Upheld

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

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.