

<b>Case Number:</b>	CM15-0135147		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36-year-old female who sustained an industrial injury on 9/11/14. She had complaints of left ankle pain. Treatments include medication, ice and immobilization. Progress report dated 4/23/15 reports evaluation and application of left lower extremity cast. Upon exam, pain is elicited with palpation of lateral left ankle and distal tibia fibular and upon range of motion. Diagnoses include: talar dome lesion left ankle with joint pain, pain in limb, neuritis anterior lateral left ankle, and ankle sprain with pain. Plan of care includes: education about treatments, application of fiberglass cast, education about bone healing and non-weight bearing. Work status: continue with off work. Follow up 4-5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 left foot/ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines.

**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 claimant sustained a work injury in September 2014 and is being treated for left ankle pain. Treatments included placement in a cast with non-weight bearing status and then in a CAM walker with crutches beginning in April 2015. When seen, she had been authorized for physical therapy. There was mild left lateral ankle pain. There was no pain with range of motion or compression testing. There was normal strength. Anterior drawer testing was negative. The assessment references beginning nine sessions of physical therapy treatment. As of 07/22/15, she had completed five treatment sessions. She continued to be limited by pain. There had been improvement in range of motion and swelling as well as gait. Being requested is an additional 12 physical therapy treatment sessions. Guidelines recommend up to 9 therapy treatments over 8 weeks for the claimant's condition. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request was not medically necessary.