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| <b>Case Number:</b>   | CM15-0149058 |                              |            |
| <b>Date Assigned:</b> | 08/12/2015   | <b>Date of Injury:</b>       | 07/30/2012 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 07/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2015 |

### 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

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 52 year old male, who sustained an industrial injury on 7-30-2012. He reported that he was carrying plywood and rolled his ankle. The injured worker was diagnosed as having post-operative left sided foot numbness, as well as weakness with questionable sciatic injury. Treatment to date has included diagnostics, left ankle ligamentous repair on 11-11-2012, and medications. Currently, the injured worker complains of continued problems with his left foot and ankle. He had loss of protective sensation along his plantar aspect. He had problems with proprioception. He remained off work. Magnetic resonance imaging of the left ankle (5-19-2015) showed findings consistent with an old injury of the anterior talofibular ligament with tear with post-surgical changes. Magnetic resonance imaging of the left foot (3-16-2015) showed prominence of the soft tissues in between the second and third metatarsophalangeal joints, consistent with a small Morton's neuroma, mild valgus deformity, and mild degenerative changes involving the second tarsometatarsal joint. The treatment plan included physical therapy for the right ankle, 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Left Ankle, 2 times wkly for 6 wks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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 & Foot Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear if the patient has undergone prior physical therapy sessions or if these sessions have resulted in any objective functional improvements. It is also unclear why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.