

<b>Case Number:</b>	CM15-0165659		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 58 year old who sustained an industrial injury on February 25, 2014. An initial podiatric consultation dated February 04, 2015 reported present complaint of continuous left shoulder pain radiating to the neck and arms. She reports "associated weakness and popping sensation". She is with right ankle pain and swelling. A primary treating office visit dated March 27, 2015 reported the worker utilizing ice and elevation, using over the counter arch supports, ace wraps, soft ankle brace and Velocity brace. The following diagnoses were applied: posterior tibial tendon rupture; peripheral nerve impairment to the posterior tibial nerve and its distal branches; entrapment of posterior tibial nerves, plantar lateral and medial nerves, and medial calcaneal nerve. Treatment rendered included: physical therapy session, orthotics, medications and regular work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 February 2014 and continues to be treated for right ankle pain. As of 11/06/14 she had attended 26 physical therapy treatments. When seen nearly one year after injury, there had been a 20 pound weight gain and her BMI was over 37. She was limping and favoring the right lower extremity. There was right ankle tenderness with an effusion. There was pain with inversion. There was pain over the sinus tarsi and anterior tibial tendon and insertion. There was generalized pain over the entire mid rear foot. Ankle dorsiflexion was decreased at 0 degrees bilaterally. There was positive Tinel's testing. Authorization is requested for 12 additional physical therapy treatment sessions. In terms of physical therapy for this condition, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had physical therapy well in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can 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. In this case, the number of additional visits requested is in excess of what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.