

<b>Case Number:</b>	CM15-0166707		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 60 year old female injured worker suffered an industrial injury on 4-14-2014. The diagnoses included right anterior inferior talofibular ligament tear, gastrosoleus equinus bilateral lower extremities, bilateral peroneus longus longitudinal split, history of traumatic ulceration of the left ankle-resolved, functional ankle instability left lower extremity, contusion with hematoma of the left ankle, bone marrow edema bilateral calcaneus and distal fibula and post-traumatic edema bilateral ankles. On 6-5-2015 the injured worker had a visit with the pain management consultant. The provider reported she had the maximum allowable visits for physical therapy. He reported she did not have chiropractic care or acupuncture. He recommended self-directed physical therapy anti-inflammatory drugs and possible hot paraffin was foot baths. She was given an injection of Toradol. The pain was rated as 6 out of 10 and 10 out of 10 at the worst. On 7-21-2015, the treating provider reported persistent pain and discomfort with walking and weight-bearing of the heels and ankles. Prior treatments included 24 session physical therapy and medication. Physical therapy evaluation and treatment notes were not included in the medical record. The diagnostics included left ankle computed tomograph, left ankle left and right magnetic resonance imaging and left and right foot magnetic resonance imaging. The injured worker had not returned to work. The Utilization Review on 8-7-2015 determined non-certification for additional Physical Therapy (sessions) QTY: 12.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (sessions) QTY: 12.00:** 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 April 2014 when, while working as a correctional officer, she stepped out of a van and was dragged backwards when it started to roll. The vehicle rolled over her left lower extremity and she required skin grafting and she also sustained a right ankle ligament tear and distal fibular and nondisplaced calcaneus fracture reported by imaging. In February 2015 she had completed 12 physical therapy treatment sessions. When seen, she was having pain which would increase with walking. She had increased pain when carrying anything of weight. Physical examination findings included a slightly antalgic gait. There was mild medial knee joint tenderness. There was bilateral anterior talofibular ligament tenderness. There was medial arch tenderness and tenderness over the right calcaneus. There was pain with left ankle dorsiflexion and mild discomfort with right ankle dorsiflexion. She had pain with inversion and eversion. Additional physical therapy treatments were requested. In terms of physical therapy for this condition, guidelines recommend up to 12 treatment sessions over 12 weeks. The claimant has already had physical therapy. 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 that recommended or 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.