

<b>Case Number:</b>	CM15-0167148		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/10/2015
<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: California, Hawaii  
 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 50-year-old male who sustained an industrial injury on 06-09-14. Initial complaints and diagnoses are not available. Treatments to date include medications, excision of mass from left foot, right ankle surgery, and physical therapy. Diagnostic studies include a MRI of the ankle. Current complaints include bilateral foot pain. Current diagnoses include right Achilles insertional tendonitis, chronic posterior ankle impingement and of trigrorum syndrome, right ankle chronic peroneus brevis tendinosis. In a progress note dated 07-22-15 the treating provider reports the plan of care as additional physical therapy to the left ankle, and medications. The requested treatment includes additional physical therapy to the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-op physical therapy visits for left foot/ankle: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with bilateral foot pain. The current request is for 12 additional post-op physical therapy visits for left foot/ankle. The treating physician states, in a report dated 07/22/15, Request authorization for physical therapy two times a week for six weeks for the left foot/ankle. (25C) As the ankle sprain/strain surgery was performed in December 2014 (over six months ago), the post-operative guidelines do not apply and chronic pain guidelines have been utilized. MTUS guidelines allows 8-10 sessions of therapy for myalgia/myositis, neuritis/radiculitis type of symptoms. 44 previous sessions of Physical Therapy have been authorized, per the UR letter dated 08/10/15 (8A) In this case, the treating physician, based on the records available for review, states “The patient just recently saw [REDACTED] who has indicated him for additional physical therapy for the left ankle. I will request this. (25C).” There is no documentation to support an additional 12 sessions over the 44 already authorized, and this request exceeds the MTUS guideline. The current request is not medically necessary.