

<b>Case Number:</b>	CM15-0180873		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/22/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 37 year old male, who sustained an industrial injury on June 22, 2015. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left ankle extensor digitorum brevis tendonitis, sinus tarsi ligament sprain, flexor hallucis tenosynovitis, posterior tibial tendon tenosynovitis and right ankle spraining of the medial and lateral collateral ligament with also flexor hallucis longus tenosynovitis. Treatment to date has included diagnostic studies, medication and exercise. On July 6, 2015, orthopedic notes stated the injured worker complained of bilateral ankle pain and bilateral knee pain, left worse than the right. The left knee was reported to click and pop and the injured worker was unable to do weight bearing. His bilateral ankles were also painful. Physical examination of the left ankle revealed tenderness and painful range of motion at extremes of flexion. In progress report dated August 25, 2015, the injured worker complained of a "considerable" amount of pain in both foot and ankle. Soft tissue edema was noted in the left foot and ankle anteriorly. Physical examination revealed tenderness and painful range of motion at extremes with plantar flexion. An MRI of the left ankle indicated mild flexor hallucis longus tenosynovitis and mild spraining of sinus tarsi ligament. In progress report dated September 1, 2015, subjective complaints made by the injured worker were noted to be "unchanged since the previous evaluation." The treatment plan included physical therapy three times a week for six weeks and a follow-up visit. On September 10, 2015, utilization review denied a request for physical therapy three times a week for six weeks for the left ankle.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 3 times a week for 6 weeks for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**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 June 2015 and is being treated for bilateral knee and ankle pain occurring when, while standing, his car went over him. He was found to have a right medial tibial plateau stress fracture, right ankle sprain, and left lateral malleolar fracture. When seen, a right short leg cast was applied. Injections for the left ankle had been denied. Authorization was requested for physical therapy for left ankle tendonitis. In terms of physical therapy for an ankle or foot sprain, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. Home use of use of TheraBands and a BAPS board for strengthening and balance could be incorporated early in treatments. The request is not medically necessary.