

<b>Case Number:</b>	CM15-0187346		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 47 year old female, who sustained an industrial injury on 10-06-2014. She has reported subsequent bilateral ankle pain and was diagnosed with right ankle sprain without recurrent synovitis and chronic mild instability. Treatment to date has included pain medication, which was noted to have failed to significantly relieve pain, and physical therapy, which was noted to help relieve pain and improve function. The only medical documentation submitted that is dated prior to the utilization review is a progress note from 06-02-2015 and a work status report dated 08-05-2015. In the 06-02-2015 progress note, the injured worker reported dull to sharp pain in the right ankle with swelling. Objective findings revealed moderate synovitis of the right ankle with swelling along the medial deltoid and anterior and posterior talofibular ligament of the right ankle, decreased range of motion of the ankles, mild positive anterolateral drawer of the right ankle to an anterior stress of the tibiotalar joint and focal tenderness of the anterior and posterior talofibular ligament, the fibulocalcaneal ligament and anterior deltoid ligamentous structure of the right ankle. The physician noted that the injured worker had undergone 16 sessions of physical therapy since the second injury and that she reported improvements in pain and range of motion with physical therapy. The physician noted that the injured worker wanted 8 more sessions of physical therapy. An industrial work status report on 8-5-2015 indicates that the injured worker was evaluated and deemed able to return to work at full capacity on 8-5-2015. A request for authorization of physical therapy for the right ankle, 2 times weekly for 3 weeks, 6 sessions was submitted. As per the 08-24-2015 utilization

review, the request for physical therapy for the right ankle, 2 times weekly for 3 weeks, 6 sessions was non-certified.

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

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

**Physical therapy for the right ankle, 2 times weekly for 3 weeks, 6 sessions:** Overturned

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

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

**Decision rationale:** The patient presents with right ankle pain. The current request is for Physical Therapy for the right ankle, 2 times weekly for 3 weeks, 6 sessions. The treating physician's report dated 08/31/2015 (8B) states, "Physical therapy- 6 sessions per request for any flare-up, for strengthening." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports were not made available for review. Medical records do not show that the patient has had any recent therapy. In this case, a short course of physical therapy is appropriate to address the patient's current symptoms. The current request is medically necessary.