

<b>Case Number:</b>	CM15-0201400		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 48 year old male, who sustained an industrial injury on 01-02-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left ankle pain with possible entrapment of the left ankle. Medical records (05-06-2015 to) indicate ongoing left ankle and heel pain. Pain levels were rated 5-7 out of 10 in severity on a visual analog scale (VAS) on 07-24-2015, which was noted to be 0-9 out of 10 per the therapy notes dated 09-14-2015. Per the treating physician's progress report (PR), the IW may return to work with restrictions. The physical exam, dated 09-21-2015, revealed tenderness along the lateral ankle with mild swelling, negative anterior talar joint test, and tenderness along the medial calcaneal tuberosity. Relevant treatments have included: modified Brostrom procedure to the left ankle, at least 12 sessions of physical therapy (PT) for the left ankle with some improvement in ROM and pain levels, cortisone injection to the left ankle, ankle support, work restrictions, and pain medications. The treating physician indicates that normal electrodiagnostic and nerve conduction studies of the lower extremities. The request for authorization (09-17-2015) shows that the following treatment was requested: 12 sessions of PT for the left ankle. The original utilization review (09-28-2015) non-certified the request for 12 sessions of PT 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 2 times a week for 6 weeks for the left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

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

**Decision rationale:** The patient presents with left heel pain and has some lateral tenderness along the ankle. The current request is for 12 sessions of physical therapy for the left ankle. The patient is status post modified brostrom lateral ankle ligament reconstruction on 2/20/15, after which the patient underwent a course of PT. The UR dated 9/28/15 (7A) notes the patient has completed 36 physical therapy sessions since 8/2014. Most recently the patient completed 12 sessions of physical therapy for the left ankle from 7/2015 to 9/2015. The Physical Therapy Recertification Note dated 9/14/15 (177B) notes the patient "is doing a little better, but cannot tolerate work related activities yet." The report also states, "Patient is suffering from chronic ankle pain, very slow improving. He is starting to make progress." This report requests an additional 12 sessions of PT, 2 times a week for 6 weeks. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.