

<b>Case Number:</b>	CM15-0202566		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 46 year old male, who sustained an industrial injury on 04-08-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right ankle pain with limited range of motion (ROM), and right ankle inflammation. Medical records (05-04-2015 to 08-20-2015) indicate ongoing right ankle pain. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-20-2015, revealed limited ROM in the right ankle, and abnormal orthopedic testing in the right ankle indicating multiple ligament sprains. Relevant treatments have included: right ankle surgery (03-2015), physical therapy (PT) without benefit, home exercises, acupuncture, chiropractic treatments, work restrictions, and pain medications. The treating physician indicates that that there has been failure of conservative treatment including PT, home exercise program, and acupuncture, and that the IW's improvement has been limited. The PR and request for authorization (08-20-2015) shows that the following treatment was requested: 6 sessions of PT for the right ankle. The original utilization review (09/17/2015) non-certified the request for 6 sessions of PT for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xWk x 3Wks for the Right Ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter; Physical Therapy Guidelines.

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

**Decision rationale:** Physical Therapy 2xWk x 3Wks for the Right Ankle is not medically necessary per the MTUS Guidelines. The MTUS Postsurgical Guidelines reveal that the patient is out of the postoperative ankle therapy treatment period. The Chronic Pain Medical Treatment Guidelines support a transitioning of supervised therapy to an independent home exercise program. The patient has had prior PT without benefit therefore without evidence objective functional improvement from prior therapy the request for additional physical therapy is not medically necessary.