

<b>Case Number:</b>	CM15-0022184		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona

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 57-year-old male who reported an injury on 09/20/2010. The mechanism of injury reportedly occurred while stepping down from the ladder, he stepped on a rock, twisting his ankle and falling. Diagnostic studies were not provided. Surgical history included an ORIF of the right ankle on 09/2010, soft tissue reconstruction on 02/13/2012, and right ankle surgery on 11/14/2013. Medications included Norco. Other therapies were noted to include physical therapy and aquatic therapy (66 approved), ankle brace, and orthotic shoe. It was noted that the injured worker had chronic rinks symptoms and the injured worker had benefitted from physical therapy in the past and is able to tolerate his current symptoms with the brace and orthopedic shoe. On 10/22/2014, the injured worker was seen in physical therapy. He continued to make progress. The injured worker continued to have increased intolerance with functional improvement and weight bearing activities. His diagnoses included ankle sprain, degenerative joint disease of the right ankle. The injured worker is retired. The request is for physical therapy 3 x6 for the right ankle. The Request for Authorization was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3X6 for Right Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for Physical Therapy 3X6 for Right Ankle is not supported. The injured worker has a history of right ankle pain. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker had received ankle surgery on 11/14/2013. He had been approved for at least 66 PT and aquatic therapy sessions. It was also noted that the injured worker had osteoarthritis of the ankle joint. He had progressed in physical therapy. It is unclear why the injured worker has not continued with a home exercise program for any remaining functional deficits. The request is not supported. As such, the request is not medically necessary.