

<b>Case Number:</b>	CM15-0041247		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/23/1995
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 67-year-old male who sustained an industrial injury on 12/23/95 involving his left shoulder and ankles. He currently has pain in the right ankle and plantar fascia area. Pertinent medications include aspirin, Elavil, Gabapentin, Motrin and Norco. Diagnoses include status post arthroscopic labrum repair (6/24/14) for left shoulder rotator cuff tear and labrum tear; right and left ankle/ foot soft tissue injury. Treatments to date include physical therapy and medications. Diagnostics include MRI of the right foot and ankle demonstrating plantar fascial partial tear with right ankle osteoarthritis with posterior tibial tendonitis and peroneal tendonitis. In the progress note, dated 1/7/15 the treating provider's plan of care indicates a request for physical therapy to include ultrasound, massage, and therapeutic exercises 3 times per week for 4 weeks for the bilateral ankles/ feet and left ankle brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three times a week for four weeks to include ultrasound, massage, and therapeutic exercises for the bilateral ankles/feet: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** The patient presents with left shoulder and bilateral ankle pain. The current request is for Physical Therapy three times a week for four weeks to include ultrasound, massage, and therapeutic exercises 3x/week x 4 for the bilateral ankles/feet. The treating physician states, Inspection of the ankles/feet reveal no gross deformity. There is no swelling. There is tenderness about the bilateral peroneal tendon, bilateral lateral ankle ligaments, dorsal ligament of the right foot, and mid foot ligamentous structures on the left. (E.12) There is no further discussion of the current request. The MTUS guidelines for physical therapy state under "Physical Medicine Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". It recommends 9-10 visits for myalgia/ myositis/tendinitis type of symptoms. In this case, the current request is for 12 sessions, which is above the maximum allowed by the MTUS guidelines. The current request is not medically necessary.