

<b>Case Number:</b>	CM15-0044753		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old male, who sustained an industrial injury on 07/18/2013. He has reported injury to the left ankle. The diagnoses have included subtalar sprain and pain on valgus foot; and osteoarthritis, ankle and foot. Treatment to date has included medications, ice, bracing, and physical therapy. Medications have included NSAIDs (non-steroidal anti-inflammatory drugs). A progress note from the treating physician, dated 01/21/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of left ankle pain; pain is intermittent at the left anterior medial ankle; associated symptoms include swelling and deformity; and pain is relieved by rest and NSAIDs. Objective findings included tenderness to the left medial ankle and left posterior tibial tendon. The treatment plan has included surgical treatment, right triple arthrodesis, with post-operative therapy. Request is being made for 12 post-operative physical therapy over 6 weeks to left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post operative physical therapy over 6 weeks to left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The surgery that was requested with this therapy was non-certified; therefore, the need for post-surgical physical therapy has not been established. As such, the request for 12 postoperative physical therapy over 6 weeks to left ankle is not medically necessary.