

<b>Case Number:</b>	CM15-0055290		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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  
Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on 8/21/14. He reported initial complaints of right ankle injury. At first, the injured worker was diagnosed with a right ankle fracture and later it was determined to be a right ankle ligament avulsion. The injured worker was diagnosed as having right ankle sprain/strain; tendonitis peroneal; sinus tarsi syndrome. Treatment to date has included elevation, rest of the extremity and ice; MRI lower extremity (10/23/14); medications. Currently, the PR-2 notes dated 2/12/15, the injured worker complains of anterior right ankle joint pain in the anterolateral, on the lateral aspect, in the posterolateral region when actively moved. The provider indicates to continue to elevate, rest and ice the extremity and schedule a consult to physical therapy 10 visits for peroneal tendonitis alone with Norco alone with a prescription for a right short pneumatic boot and orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the right foot and ankle, twice a week for three weeks:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Physical Therapy.

**Decision rationale:** The requested Physical Therapy for the right foot and ankle, twice a week for three weeks, is medically necessary. CA MTUS is silent on acute injuries. Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Physical Therapy, recommend a trial of physical therapy for delineated musculo-skeletal condition. The injured worker has anterior right ankle joint pain in the anterolateral, on the lateral aspect, in the posterolateral region when actively moved. The treating physician has documented the medical necessity for a current trial of physical therapy. The criteria noted above not having been met, Physical Therapy for the right foot and ankle, twice a week for three weeks is medically necessary.