

<b>Case Number:</b>	CM15-0059993		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 October 20, 2014. He reported falling off a ladder hurting his right ankle and left leg. The injured worker was diagnosed as having right ankle sprain, deltoid ligament and right foot pain. Treatment to date has included splinting, bracing, physical therapy, right ankle MRI, x-rays, cortisone injection, and medication. Currently, the injured worker complains of pain in the right ankle and right foot. The Treating Physician's report dated February 25, 2015, noted the injured worker had ten sessions of physical therapy previously with no relief of symptoms. X-rays of the right foot and ankle dated November 19, 2014, were noted to show no acute fractures or significant joint disease. The injured worker received a corticosteroid intra-articular injection to the right ankle on February 6, 2015, noted to tolerate the procedure well with improvement noted. Examination was noted to show tenderness to the right medial ankle and lateral ankle, with swelling of the lateral and medial ankle. The treatment plan was noted to include continued medications as prescribed, modified duty, and a request for authorization of physical therapy for six sessions as the injured worker was attending physical therapy with noted improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x 6:** 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), Physical therapy guidelines.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one visit per week times six weeks is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are right ankle sprain, deltoid ligament; right foot pain. The documentation indicates the injured worker received 10 physical therapy sessions prior to transferring to the present provider. The documentation states there was no improvement from physical therapy. The injured worker received approximately 17 additional physical therapy sessions at the treating provider ranging from October 27, 2014 through March 12, 2015. The physical therapy progress notes do not contain documentation of objective functional improvement. The guidelines recommend 9 visits over eight weeks for ankle/foot sprain. The treating provider exceeded that guideline. Additionally, when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical records indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement from prior physical therapy, additional physical therapy one visit per week times six weeks is not medically necessary.