

<b>Case Number:</b>	CM14-0160299		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old female who reported an injury on September 12, 2014, from unspecified circumstances. She was diagnosed with status post left ankle fracture, left ankle impingement syndrome, and painful gait. Past treatment included medications, steroid injection, and physical therapy. The injured worker had complaints of pain during ambulation and range of motion, though, it was noted she had an improvement of pain from a 7/10 to a 5/10. Swelling and edema were also noted to that ankle. On April 23, 2014, it was noted the injured worker had flexion of the left ankle 25 degrees, extension of the left ankle to 3 degrees, inversion of the left ankle 20 degrees, and eversion of the left ankle 15 degrees. Her strength was +5/5 throughout. It was noted that she would continue physical therapy at that time. On July 30, 2014, flexion was 10 degrees, extension was 30 degrees, inversion was 20 degrees, and eversion was 15 degrees. Muscle strength was noted to be +5/5 intrinsically and extrinsically. Her medications were noted to include Motrin 800 mg, Ultram 50 mg, Flexeril 7.5 mg, and Cyclo/Keto/Lido cream. As of July 30, 2014, the treatment plan included to refill topical medications and start physical therapy twice a week for 8 weeks for her left ankle. On September 08, 2014 a request was received for physical therapy for her left ankle for 16 visits; no rationale was provided with this request. A Request for Authorization Form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, left ankle, x 16 visits:** Upheld

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

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

**Decision rationale:** The request for physical therapy to the injured worker's left ankle for 16 visits is not medically necessary. The injured worker had complaints of pain to her left ankle. She was noted to have had previous physical therapy and documentation shows an increase in extension from April 23, 2014 to 07/30/2014, but a decrease in flexion during that time. According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, physical therapy can aid in the relief of swelling, inflammation and pain related to soft tissue injuries. It is also noted to return range of motion, flexibility, motor strength, and function. However, as stated by the guidelines physical therapy is not to exceed 10 visits. While she was shown to have improvement in extension, her flexion worsened, and no other areas of functional improvement occurred. Additionally, the number of visits completed to date was not provided. Based on this information, the request is not supported by the guidelines, and for that reason is not medically necessary.