

<b>Case Number:</b>	CM14-0182544		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 41 year old female who had a work injury dated 3/24/14. The diagnoses include status post ankle sprain with osteochondral defect; status post left ankle sprain with I&D and Vancomycin IV; left Achilles tendinitis. Under consideration are requests for physical therapy x 12. There is an 8/6/14 progress note that states that the patient's left ankle is tight and painful. Her ankle swells. She is continues with daily stretching three times a day. The patient is temporarily totally disabled. The physical exam reveals the left lateral ankle reveals edema on the lateral and anterior left ankle with a 2 inch incision medial to the fibula with stitches in place. There is pain with palpation at the posterior ankle joint capsule, Achilles and sinus tarsi. Ankle joint dorsiflexion is limited secondary to pain. Achilles tendon is tense with no palpable gaps but nodular to palpation. Sides to side comparison of the heel are pain free. Sensation is intact in the left ankle except along the incision. Dorsalis pedis left foot pulse is absent but posterior tibial pulses intact. There is minimal edema along the incision and along the left anterior and lateral malleoli. There is a request for 12 PT (physical therapy) sessions; ankle MRI; ankle orthoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12:** Upheld

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

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

**Decision rationale:** Physical therapy x 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request as written does not indicate a body part for the therapy. The documentation indicates this is for the left ankle. The documentation indicates that the patient has had prior PT. It is unclear how much prior PT she has had. There is no documentation of functional improvement from this therapy. Additionally, the ODG recommends 9 visits over 8 weeks with post-injection treatment: 1-2 visits over 1 week for ankle arthropathy. The MTUS Physical Medicine Guidelines recommend a fading of treatment frequency toward an independent self-directed home exercise program. The documentation indicates that the patient is performing a home exercise program. It is unclear why she needs 12 more supervised therapy sessions which are in excess of guidelines recommendations. The request for physical therapy x 12 is not medically necessary.