

<b>Case Number:</b>	CM14-0093959		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 57-year-old female with a reported date of injury of 04/08/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses are noted to include ankle and foot joint pain. Her previous treatments were noted to include physical therapy and medications. The physical therapy progress note dated 01/23/2014 revealed the injured worker received 20 sessions of physical therapy and complained she was too busy to do the balancing. The physical therapist indicated the injured worker demonstrated good compliance with the home exercise program. The physical therapist indicated the injured worker had difficulty with walking, all resistive ankle motions and exercise. The progress note dated 05/06/2014 revealed the she complained of medial foot pain. She indicated she had issues with medial foot pain her entire life and received cortisone injections as a teenager for the pain and the pain had not been present for years, until she injured her foot at work. The MRI revealed evidence of an accessory navicular syndrome. The tendons of the ankle and foot were intact, but there was edema surrounding the distal posterior tibialis tendon. There were no chondral lesions or fractures. The provider indicated the injured worker would be referred to physical therapy and if physical therapy was working. The physical therapy progress note dated 05/30/2014, revealed the injured worker had difficulty walking 30 to 40 yards and was in a boot from 08/2013 until 12/2013. There was swelling noted along the medial ankle and the injured worker had Super Feet inserts, but they was causing her toes to cramp. The physical therapist revealed a decreased range of motion, decreased strength, tenderness along the deltoid ligament and difficulty walking. The physical therapist indicated physical therapy was necessary to improve range of motion, strength, tenderness and function. The Request for Authorization form was not submitted within the medical records. The request was for outpatient physical therapy 2 times a

week for 6 weeks (2 times 6) to the left ankle to improve range of motion, strength, tenderness and function.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient Physical Therapy (PT) two times a week for six weeks ( 2 x 6) to the left ankle:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb15\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb15_5_2.html).

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

**Decision rationale:** The injured worker has completed previously, at least, 22 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed to and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has completed, previously, at least 22 sessions of physical therapy and there is lack of documentation regarding quantifiable objective functional improvement with previous physical therapy sessions. Additionally, there is lack of documentation regarding exception factors to warrant additional physical therapy. The request for physical therapy 12 sessions exceeds guideline recommendations. Therefore, the request for physical therapy two times a week for six weeks to the left ankle is not medically necessary.