

<b>Case Number:</b>	CM14-0094166		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/21/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/21/2014
<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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 48-year-old male who reported an injury due to continuous trauma on 02/21/2010. The clinical note dated 03/04/2014 indicated diagnoses of residual cervical sprain and strain, low back sprain and strain, with subjective radiculopathy of the right lower extremity, residual right ankle complaints, post fracture right ankle. The injured worker reported residual complaints in the right ankle with slight limitation and range of motion particularly of dorsiflexion and volar flexion of the right ankle. On physical examination, the injured worker had atrophy of the right calf. Range of motion for the ankle revealed dorsiflexion of 5 degrees, volar flexion of 10 degrees, and inversion of 21 degrees and eversion of 11 degrees. The injured worker had a 3 inch scar in the medial right foot with a foreign scar on the lateral right foot. The injured worker was modified for 6 sessions of physical therapy to the right ankle on 06/25/2014. The injured worker's prior treatments include diagnostic imaging physical therapy to the right ankle and medication management. The provider submitted a request for physical therapy 3 times 4 to the right ankle. A Request for Authorization dated 07/09/2014 was submitted for physical therapy of the right ankle; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 Right ankle:** 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.

**Decision rationale:** The request for Physical Therapy 3x4 Right ankle is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise 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. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was indicated the injured worker is participating in physical therapy for the right ankle; however, there is lack of efficacy of the physical therapy. In addition, the amount of physical therapy visits that have already been completed for the right ankle is not indicated to warrant additional physical therapy. Therefore, the request for physical therapy is not medically necessary.