

<b>Case Number:</b>	CM13-0070996		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on March 21, 2013. He has reported injury when he fell from his truck. The diagnoses have included ligamentous injury left ankle, rule out ankle fractures. Treatment to date has included diagnostic studies and physical therapy. On September 4, 2013, the injured worker complained of an aching, throbbing pain along the lower edge of the fibula and Achilles area. The pain was rated as a 5 on a 1-10 pain scale. His pain is improved with use of a walking boot. He was reported to be improving and feeling 5% better than a prior visit. On November 18, 2013, Utilization Review non-certified physical therapy for the left ankle 3x4, noting the ACOEM Guidelines. On December 26, 2013, the injured worker submitted an application for Independent Medical Review for review of physical therapy for the left ankle 3x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LEFT ANKLE; 3X4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION, CHAPTER 6, 114.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in March 2013 with a left ankle sprain. Prior treatments have included physical therapy. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.