

<b>Case Number:</b>	CM14-0205882		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old patient with date of injury of 09/26/2011. Medical records indicate the patient is undergoing treatment for s/p removal of left ankle hardware, left tibial fracture, left foot caneal contusion, lumbar spine disc protrusion at L5-S1. Subjective complaints include left foot and ankle pain rated 6-7/10. Objective findings include antalgic gait, sutures intact, slight swelling in anterior aspect of left foot. Treatment has consisted of surgical intervention, physical therapy, Norco. The utilization review determination was rendered on 12/03/2014 recommending non-certification of Physical therapy, 3 times a week for 6 weeks for the left ankle, 18 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 times a week for 6 weeks for the left ankle, 18 sessions:** Upheld

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

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

## Disability Guidelines (ODG) Ankle and Foot, Physical Therapy, ODG Preface - Physical Therapy

**Decision rationale:** The MTUS Chronic Pain Guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, the ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The request for 18 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for Physical therapy, 3 times a week for 6 weeks for the left ankle, 18 sessions is not medically necessary.