

<b>Case Number:</b>	CM14-0210777		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: California  
 Certification(s)/Specialty: Internal Medicine

### 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 an injured worker with a history of right ankle and foot injury. The date of injury was 10/08/2014. The patient stated that on October 8, 2014, she was stepping down from a step stool when she abruptly twisted her right ankle and foot causing her to fall. MRI magnetic resonance imaging of the right ankle dated 10-30-2014 that there is no evidence of a right ankle fracture. The right ankle joint space articulations are in anatomical alignment. There is mild Achilles tendon strain/tendinitis. Mild subcutaneous swelling and edema is shown of the posteromedial and posterolateral right ankle soft tissues. The flexor and extensor tendons across the right ankle are intact and otherwise appear within normal limits. The primary treating physician's progress report dated November 25, 2014 documented subjective complaints. The patient is continuing with therapy and self-treatment with exercises with definitely improvement and has continued with light duty work activities. Physical examination was documented. The patient walks with an antalgic gait due to the right ankle pain however gait mechanics are improved. On examination of the musculoskeletal system, there is a very mild ligament laxity. On examination of the right ankle, there is no bruising, effusion, or instability. There is no tenderness over the Achilles tendons. There is tenderness to palpation over the lateral ligaments and anterolateral joint line. There is some mild resolving soft tissue swelling and thickening. There is no syndesmosis tenderness with a negative squeeze sign. There is no tarsal tunnel tenderness with a negative Tinel's. There is no pain with ligamentous stress testing. There is intact function of all musculotendinous groups without subluxation. There is grade 4/5 calf muscle strength. There is intact peroneal function without subluxation. Range of motion was

noted. Dorsiflexion was 20 degrees, plantar flexion was 30 degrees, inversion was 10 degrees, eversion was 10 degrees. On examination of the right foot, there is no soft tissue swelling or tenderness. There is no tenderness over the metatarsal joints, no instability, and no pain with stressing. There is satisfactory range of motion of the toes. The diagnosis was right ankle lateral ligament injury without instability. Treatment plan was documented. The physician instructed the patient in soft tissue modalities, exercise, and participation in activity as tolerated and appropriate and judicious use of medications. The physician instructed the patient in exercises, range of motion strengthening, and soft tissue modalities including their importance. The patient will continue with the therapy, twice a week for six weeks time. Request for authorization (RFA) dated November 20, 2014 requested physical therapy right ankle two times a week for six weeks 12 sessions. The physical therapy PT dated November 20, 2014 documented the completion of five physical therapy treatments. Utilization review determination dated December 5, 2014 documented modified approval for six visit clinical trial of supervised physical therapy for the right ankle.

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

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

#### **6 Visit Clinical trial of supervised Physical Therapy for the RIGHT ANKLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment, Official Disability Guidelines (ODG) Preface Physical Therapy Guidelines, Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Physical therapy (PT)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend a total of 9 visits for ankle and foot sprain. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The medical records document right ankle and foot injury. MRI magnetic resonance imaging of the right ankle dated 10-30-2014 demonstrated intact tendons and no evidence of a right ankle fracture. Request for authorization (RFA) dated November 20, 2014 requested physical therapy right ankle two times a week for six weeks 12 sessions. The physical therapy PT dated November 20, 2014 documented the completion of five

physical therapy treatments. Utilization review determination dated December 5, 2014 documented modified approval for six visit clinical trial of supervised physical therapy for the right ankle. Official Disability Guidelines (ODG) recommend a total of 9 visits for ankle and foot sprain. The 11/20/14 request for 12 additional PT physical therapy visits would exceed ODG and MTUS guideline recommendations and is not supported. The modified approval for six visits exceed ODG and MTUS guideline recommendations and is not supported by ODG and MTUS guidelines. Therefore, the request for 6 Visit Clinical trial of supervised Physical Therapy for the RIGHT ANKLE is not medically necessary.