

<b>Case Number:</b>	CM15-0012762		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Indiana, New York  
 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 injured worker is a 66 year old female, who sustained an industrial injury on September 27, 2012. The mechanism of injury is unknown. The diagnoses have included ankle pain and ankle fracture. Treatment to date has included medications, exercise and physical therapy. Currently, the injured worker complains of ankle pain rated as a 4 on the 1-10 pain scale as the lowest level of pain and a 9 as the highest level. The pain is described as a sharp, stabbing, hurting sensation. Walking aggravates the pain level and elevation of leg with ice helps to ease the pain. She reports taking pain medications that have been effective at maintaining the pain level and she is able to be at work with little pain. She does have daily limitations such as running or walking fast due to increased level of pain. On December 19, 2014 Utilization Review non-certified physical therapy 3x week for 4 weeks for the right ankle, noting the MTUS and Official Disability Guidelines. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of physical therapy 3x week for 4 weeks for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x/week x 4 weeks right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Ankle & Foot Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98--99. Decision based on Non-MTUS Citation Ankle section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week for 6 to 8 weeks to the right ankle is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are knee pain, right ankle fracture; and ankle pain. Subjectively, injured worker complains of ongoing ankle pain. Symptoms are worse with standing and ambulation. Objectively, there is tenderness over the right lateral malleolus. The treating physician recommended heat and cold treatment. The injured worker receives 24 sessions of prior physical therapy. The injured worker is presently on a home exercise program. There is no documentation of objective functional improvement with prior physical therapy. The guidelines state when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts/exceptional factors documented in the medical record. Consequently, absent compelling clinical documentation to support additional physical therapy (in agreement with the guidelines), physical therapy 2 to 3 times per week for 6 to 8 weeks to the right ankle is not medically necessary.