

<b>Case Number:</b>	CM15-0114487		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: 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:

This 52 year old female sustained an industrial injury on 3/23/12. She subsequently reported bilateral ankle pain. Diagnoses include fracture of right ankle, left ankle sprain, joint pain, nerve pain and abnormal gait. Treatments to date include x-ray and MRI testing, ankle surgery, physical therapy and prescription pain medications. The injured worker continues to experience left ankle and right knee pain. Upon examination, positive tinell sign CPN, DPN and SPN. Right knee is hurting on medial collateral ligaments. Drawer sign is noted in the left ankle. The left foot is supinating more than necessary. A request for Physical therapy two times four was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times four:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for left ankle and right knee pain. She underwent ankle ligament reconstructive surgery in November 2014 followed by a 36 postoperative therapy sessions. When seen, she was having daily related pain. She was trying to increase her activity level. She was having left ankle swelling. There was pain with ankle flexion with no ongoing positive Tinel's signs and no ligamentous stability. Guidelines recommend up to 34 therapy treatments over 16 weeks following the surgery that was performed. In this case, the claimant has already had in excess of the recommended number of therapy sessions. 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 and self-applied modalities such as heat and ice. The additional number of therapy sessions is in excess of what would be required to finalize a home exercise program. The request was not medically necessary.