

<b>Case Number:</b>	CM15-0116592		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 (IW) is a 48-year-old male who sustained an industrial injury on 03/04/2014. Diagnoses include tendinitis and/or tenosynovitis of the ankle region and reflex sympathetic dystrophy of the lower limb. Treatment to date has included medications, surgery, physical/water therapy, acupuncture and home exercise program. MRI of the right lower extremity on 4/14/14 showed ATFL avulsion injury and partial tearing; CFL suspect torn; PTFL intact; deltoid ligament avulsion injury; sprain of the deep fibers deltoid ligament complex; partially torn superficial tibiospring and tibiocalcaneal deltoid ligament; and sprain of the spring ligament. According to the progress notes dated 5/6/15, the IW reported improvement in right ankle pain rated 7/10. He rated his pain 5/10 at best and 9/10 at worst. His average pain over the previous seven days was 6/10. He described his pain as frequent and moderate. On examination, he wore his rigid boot and his gait was antalgic. Muscle tone was normal in the lower extremities. The right ankle was edematous and acutely tender to palpation over the malleolus/dorsum and bottom of the right foot. Sensation was diminished in the right foot in a non-dermatomal distribution. A request was made for physical therapy once or twice a week for six weeks (12 sessions) for the right ankle to improve range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1-2x 6Wks (12 sessions) for the right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 1 to 2 times per week times six weeks (12 sessions) 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 moving 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 tendinitis and/or tenosynovitis of the ankle region; and reflex sympathetic dystrophy of the lower limb. The date of injury is March 4, 2014. In a progress note dated November 25, 2014, physical therapy was approved to the ankle. There was discussion regarding aquatic therapy, but no clinical rationale. Physical therapy progress note #1 was dated December 10, 2014. Physical therapy progress note number six was dated January 14, 2015. The treatment plan indicated a transition to a home exercise program with continued physical therapy. The most recent progress note dated May 6, 2015 subjectively stated there was less pain. The injured worker continues to wear a boot with average pain 6/10. The injured worker requires additional physical therapy to facilitate joint range of motion. There are no compelling clinical facts documented in the medical record indicating additional physical therapy over the recommended guidelines clinically indicated. The total number of physical therapy sessions is not documented. Additionally, there is no documentation of objective functional improvement (by the treating provider). Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy 1 to 2 times per week times six weeks (12 sessions) to the right ankle is not medically necessary.