

<b>Case Number:</b>	CM15-0175321		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/17/2006
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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:

The injured worker is a 41 year old male who sustained an industrial injury on 12-17-2006. A review of medical records indicates the injured worker is being treated for exacerbated right ankle pain, history of left knee surgery with residual pain, history of right shoulder surgery with residual pain, and chronic lumbar and cervical pain. Medical records dated 6-22-2015 indicate the injured worker had right ankle pain which reports as result of ongoing uneven gait and has been associated with swelling. Physical examination dated 6-22-2015 notes range of motion of the right ankle was normal but complaints of pain in all directions. There was mild swelling of the malleolus on the left side. Treatment has included Tylenol #4 and physical therapy. The utilization review form dated 8-6-2015 included physical therapy for the right ankle, 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Right Ankle, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2006 when he was involved in a rear end motor vehicle accident. In March 2015, he was having low back, neck, and knee pain and an exacerbation of right ankle pain due to altered gait. Physical therapy was requested. In June 2015, he was having increasing pain. There was full ankle range of motion with pain in all directions. There was mild swelling. Physical therapy is being requested. In terms of physical therapy for an ankle or foot sprain, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. Home use of use of TheraBands and a BAPS board for strengthening and balance could be incorporated early in treatments. The request is not medically necessary.