

<b>Case Number:</b>	CM15-0177199		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial-work injury on 12-4-14. He reported initial complaints of ankle and heel pain. The injured worker was diagnosed as having left ankle sprain. Treatment to date has included medication, physical therapy, and diagnostics. Currently, the injured worker complains of ankle pain and tenderness at the Achilles insertion, calf pain, and cast being too tight. Ultrasound was negative for DVT (deep vein thrombosis). Per the primary physician's progress report (PR-2) on 6-16-15, exam noted normal sensation to bilateral lower extremities, 1+ right ankle jerk, and left ankle jerk was not performed for pain, Plan included physical therapy. On 7-23-15, the IW reports posterior ankle pain and medial-lateral ankle pain. A short leg cast was applied with non- weight bearing status to the left lower extremity. On 7-28-15, exam noted intact sensation to light touch over exposed toes with cast intact. On 8-14-15, exam noted normal sensation to affected foot. Recommendation was for CAM walker, start physical therapy for ankle sprain, and work modification. The Request for Authorization date was 8-14-15 and requested service that included Physical Therapy Left ankle 3 x 6 # 18. The Utilization Review on 9-2-15 modified the request for Physical Therapy Left ankle x2 for range of motion and strengthening, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Left ankle # 18: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Review indicates the request for PT was modified. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Left ankle # 18 is not medically necessary and appropriate.