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| <b>Case Number:</b>   | CM15-0178717 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 04/03/2015 |
| <b>Decision Date:</b> | 10/23/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 36 year old female, who sustained an industrial injury on 04-04-2015. She has reported subsequent bilateral ankle and back pain and was diagnosed with ankle sprain, contusion of back and lumbar strain. MRI of the lumbar spine on 06-10-2015 showed mild disc desiccation at L4-L5. Treatment to date has included oral pain medication, chiropractic treatment, physical therapy and ankle strapping. In an orthopedic consultation note dated 06-22-2015, the injured worker reported sharp and aching pain, bruising and swelling to the anterior talo-fibular ligament over the lateral aspect of the left sinus tarsi that began about 2.5 months prior and was rated as 5 out of 10. Objective examination findings were notable for edema and mild erythema of the left ankle and minimal ecchymosis to the bilateral ankles, increased pain with range of motion of the ankle joint greater with inversion and eversion, pain to palpation of the ankle ligaments greatest over the anterior talo-fibular ligament over the lateral aspect of the left sinus tarsi, pain to palpation of the dorsal lateral aspect of the rear foot and tenderness radiating distally into the foot. A Depo-Medrol injection and ankle strapping was performed. The physician noted that the future plan included possible physical therapy and ankle strapping. The most recent progress note dated 07-07-2015 contained minimal information. Subjective complaints were documented as "10% better" and objective findings were documented as "+pain, high ankle lateral". An injection of Depo-Medrol and Lidocaine was administered into the high left ankle. Work status was documented as off work. Physical therapy progress notes were submitted showing that at least 4 physical therapy visits for the left ankle were received in 05-2015 and at least 5 physical therapy sessions of the left ankle were performed from July-August 2015. The injured worker was noted to tolerate treatment well but to report continued pain. A request for authorization of additional outpatient physical therapy 3 times a week for 2 weeks to

the left ankle was submitted. As per the utilization review dated 09-02-2015, the request for additional outpatient physical therapy 3 times a week for 2 weeks to the left ankle was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional Outpatient Physical Therapy 3 Times a Week for 2 Weeks to the Left Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.