

<b>Case Number:</b>	CM15-0061407		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Pennsylvania, Ohio, 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 52 year old female, who sustained an industrial injury on May 7, 2014. She reported injuries of the right pinky, bilateral lower legs, bilateral ankles, and bilateral feet. The injured worker was diagnosed as having bilateral ankle sprain/strain, bilateral Achilles tendinitis, right ankle contusion, bilateral calf strain, bilateral heel spur, and bilateral plantar fasciitis. Treatment to date has included x-rays, work modifications, chiropractic therapy, and topical pain medication. The records refer to a prior course of physical therapy, but do not provide specific dates or results. On February 18, 2015, the injured worker complains of intermittent moderate pain, numbness, tingling, and weakness of the left ankle, and frequent severe pain, numbness, tingling, and weakness of the right ankle. In addition, she complains of frequent severe, achy pain and weakness of the bilateral legs. The physical exam revealed intact dermatome sensation, normal muscle strength, and deep tendon reflexes in the bilateral lower extremities. There was decreased and painful bilateral ankle range of motion, tenderness to palpation of the bilateral plantar heel and Achilles tendon, pain caused by anterior and posterior drawer testing bilaterally, and bilateral calf tenderness to palpation. The treatment plan includes continuing physical therapy 3 times per week for 6 weeks. The treating physician notes she has completed 13 visits to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 18 sessions, Bilateral Ankles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.