

<b>Case Number:</b>	CM15-0064231		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 32-year-old male, who sustained an industrial injury on 05/01/2014. He reported injury to his right lower extremity including his right leg, foot and ankle and toes. The injured worker was diagnosed as having a ruptured right Achilles tendon. Treatment to date has included x-ray of his right leg, medications, casting, surgery and physical therapy. Currently, the injured worker complains of right knee pain, right leg weakness, numbness, tingling and radiating pain to his right foot and pain that extended to the right outer hip area. Additional complaints included pain and symptoms involving the left knee, left foot and ankle. Current medications included Naprosyn, Vicodin, medicated pain patches and topical ointments. Diagnoses included status post right Achilles tendon tear/repair 05/8/2014 and right knee no current evidence of clinical abnormality. Treatment plan included 12 additional sessions of physiotherapy for the right ankle/leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 6 weeks for right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical Therapy 3 times a week for 6 weeks for right ankle is not medically necessary.