

<b>Case Number:</b>	CM15-0065771		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Hawaii

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 36 year old female, who sustained an industrial injury on 09/08/2013 reporting injury to left foot and was diagnosed with ankle sprain and foot sprain. On provider visit dated 02/04/2015 the injured worker has reported left foot /ankle pain. On examination of the left was noted to have a decrease in range of motion, tenderness was noted at left ankle anterior and lateral area and left plantar areas. The diagnoses have included post significant ankle sprain, post-surgical intervention, plantar fasciitis, and significant sensory deficit lateral left foot. Treatment to date has included MRI of ankle, unclear number of completed sessions of physical therapy and medication. The provider requested Additional physical therapy 2 x 6 for the left ankle/foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 6 for the left ankle/foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The IW is a woman who is s/p shockwave to the left plantar fascia, left posterior ankle arthrotomy, excision of left os trigonum and arthroscopic debridement under fluoroscopy on 8/7/2014. She has already completed 6 sessions of physical therapy with significant functional improvement. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical report provided, does not show that the patient has received prior physical therapy. In this case, 6 sessions of the requested 12 were authorized by UR. The IW is outside of the post-surgical treatment guidelines. The current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. The request is not medically necessary; recommendation is for denial.