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| <b>Case Number:</b>   | CM15-0071885 |                              |            |
| <b>Date Assigned:</b> | 04/22/2015   | <b>Date of Injury:</b>       | 05/03/2013 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 03/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 20 year old male injured worker suffered an industrial injury on 05/03/2013. The diagnoses included left ankle fracture. The diagnostics included left ankle magnetic resonance imaging. The injured worker had been treated with left ankle arthroscopy, and physical therapy. On 3/16/2015 the treating provider reported 4/10 pain to the left ankle and with range of motion, the pain increased to 6 to 7/10. The treatment plan included Physical Therapy 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:

**Physical Therapy for The Left Ankle/Foot for 8 Sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and underwent left ankle arthroscopy with debridement in September 2014 followed by post-operative physical therapy and was discharged with an independent home exercise program on 01/14/15. He was released to unrestricted work. When seen, he was having pain with ankle range of motion. In this case, the claimant has already completed a course of physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.