

<b>Case Number:</b>	CM15-0095329		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Internal 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 42 year old female, who sustained an industrial injury on June 16, 2012. The injured worker was diagnosed as having peroneal tenosynovitis. Treatment to date has included right ankle surgery, physical therapy, and medication. Currently, the injured worker complains of persistent lateral right ankle pain radiating up her peroneal musculature bilaterally. The Treating Physician's report dated April 3, 2015, noted the injured worker continued to have pain laterally, improved post-operatively with physical therapy which slowly guided her recovery with regard to range of motion (ROM), strength, and function. The injured worker was noted to have had a clear clinical setback, with weakness of her peroneal musculature that would clearly improve with physical therapy. Physical therapy was noted to show tenderness over the peroneal tendons and peroneal musculature more proximally, and mild pain to resisted strength testing. The treatment plan was noted to include a request for authorization for the recent denial of physical therapy, eight total visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x week x 4 weeks for the right foot:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine, pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Physical therapy (PT).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommended 9 visits for ankle and foot sprain. The medical records document a history of right ankle injury. The orthopedic report dated April 3, 2015 documented that the patient continues to have ankle complaints. The patient has persistent lateral ankle pain, now radiating up her peroneal musculature bilaterally. Physical examination of the right ankle demonstrated tenderness over the peroneal tendons. Tenderness is over the peroneal musculature more proximally. Eversion strength is 5- with mild pain to resisted strength testing. Diagnosis was peroneal tenosynovitis. The patient continues to have pain laterally. The patient is in need of physical therapy to cure the effects of her problem. The patient clearly did improve postoperatively with physical therapy. Physical therapy visits guided recovery with regard to range of motion, strength and function. She has had a clear clinical setback. Objectively, she has weakness of her peroneal musculature. This would clearly improve with physical therapy. Physical therapy two times a week for four weeks (8). The patient is status post right ankle peroneal tenosynovectomy with arthroscopy and synovectomy on 1/25/13. The orthopedic report dated April 3, 2015 documented a clinical setback of the patient's ankle condition with abnormal findings on physical examination that support the request for a course of physical therapy. Therefore, the request for physical therapy is medically necessary.