

<b>Case Number:</b>	CM13-0018287		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/13/2005
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66-year-old male who reported an injury on 05/13/2005. The patient was diagnosed with bilateral knee degenerative joint disease and status post bilateral TKA on 08/16/2012. The patient was seen by [REDACTED] on 07/15/2013. Physical examination revealed tenderness to palpation of the 5th metatarsocuboid joint articulation bilaterally, 5/5 muscle strength for all major muscle groups, limping gait and intact sensation. Treatment recommendations included a corticosteroid injection into the trigger points, continuation of current medications, x-rays of the right foot, a followup re-examination for orthotic casting, 12 sessions of physical therapy for the bilateral lower extremities and 2 pair of functional orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A request for two pairs of functional orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Ankle and Foot Complaints, Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot Chapter, section on Orthotic Devices.

**Decision rationale:** The ACOEM Guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. As per the clinical notes submitted, the patient does not maintain a diagnosis of plantar fasciitis or metatarsalgia. The patient's physical examination revealed 5/5 motor strength and only tenderness to palpation. The medical necessity for the requested devices has not been established. Therefore, the request for two pairs of functional orthotics is not medically necessary and appropriate.

**Physical Therapy 3x4 (12 sessions) for the Bilateral Lower Extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot Chapter, section on Physical Therapy.

**Decision rationale:** The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As per the clinical notes submitted, the patient does maintain diagnoses of osteoarthritis and arthralgia of the ankle and foot. The Official Disability Guidelines state that medical treatment for arthritis of the ankle or foot includes 9 visits over 8 weeks. The current request for 12 sessions of physical therapy for bilateral lower extremities exceeds these recommendations. Furthermore, the patient's current physical examination on the requesting date of 07/15/2013 indicated only tenderness to palpation with 5/5 muscle strength for all major muscle groups. Based on the clinical information received, the request for 12 physical therapy sessions for the bilateral lower extremities is not medically necessary and appropriate.