

<b>Case Number:</b>	CM13-0021891		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 California. 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 reported a date of injury on 04/04/2013. The patient presented with right and left foot pain, a palpable click with deep tissue massage at the 4th and 5th metatarsal of the left foot, and tenderness on the forefoot area of the bilateral feet. The patient had normal gait, no edema was present. No joint swelling was seen. The patient had normal movements of all of the extremities. No joint tenderness was elicited. The patient had 5/5 strength in the bilateral feet with ankle dorsiflexion, 5/5 strength with right ankle eversion, 5/5 strength with ankle inversion, and the patient had +4/5 strength with left ankle eversion and left ankle inversion. The patient had diagnoses including foot pain Morton's neuroma of the left foot, and metatarsalgia. The physician's treatment plan included a request for physical therapy sessions, 2 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy sessions 2 x per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. The guidelines also recommend patients should undergo a 6 session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. Per the provided documentation, the patient has undergone at least 16 sessions of physical therapy for the left foot. The request for 8 additional sessions would further exceed the guideline recommendation of 9 to 10 sessions. Additionally, per the provided documentation, it did not appear the patient had significant objective functional limitations needing to be addressed with physical therapy. The requesting physician did not include a complete and adequate assessment of the patient's objective functional condition in order to demonstrate deficits needing to be addressed with physical therapy. Therefore, the request for physical therapy sessions, 2 times a week for 4 weeks (8 sessions) is neither medically necessary nor appropriate.