

<b>Case Number:</b>	CM13-0032058		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Orthopedic Surgery 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 is a 43-year-old gentleman who was injured in a work related accident on 09/24/09. Specific to his left foot and ankle, records indicated on progress report of 08/29/13 a diagnosis of peroneal tendonitis with thinning of the peroneus brevis on imaging. Physical examination showed no skin changes, 5/5 strength and full motion. There was noted to be, however, slight weakness with eversion. It stated a recent course of physical therapy had been helpful and 12 additional sessions of physical therapy to continue with strengthening and function was recommended. Orthotics were also recommended as well as a weight loss program. Records documented the treatment to date in this case has included over 48 sessions of physical therapy since the time of injury for the claimant's diagnosis in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks to the left ankle and foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, continued physical therapy and modalities would not be indicated. While MTUS guidelines do recommend the role of physical therapy in the chronic setting, it is noted to be for "controlling pain, swelling, and inflammation" to be used sparingly in the acute inflammatory process. Guidelines typically recommend no more than "9 to 10 visits over eight weeks" for a diagnosis of myalgias or myositis. Records in this case indicate that the claimant has recently undergone as many as 48 sessions of physical therapy since time of injury. There is documentation of a recent course of therapy and a physical examination that shows no functional deficits. The role of 12 additional sessions of therapy at this chronic stage in the claimant's course of care would not be supported.