

<b>Case Number:</b>	CM13-0034128		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/23/1983
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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.

### 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 work-related injury on 05/23/1983, specific mechanism of injury not stated. The patient is status post a left tarsal tunnel release as of 11/14/2012. The clinical notes evidence the patient attended an extensive course of postoperative physical therapy. The clinical note dated 09/17/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient is making good progress in physical therapy interventions. The provider documented the patient is independently mobile and there are no other changes in his health.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional physical therapy (no barefoot), Qty: 12: Upheld**

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient was status post surgical interventions to the left tarsal tunnel as of 11/14/2012 indicative of a tarsal tunnel release. The patient has attended over 50 sessions of postoperative physical therapy for this injury. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated, as California MTUS states to

allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given the above, the request for additional physical therapy (no barefoot) qty 12 is not medically necessary nor appropriate.