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| <b>Case Number:</b>   | CM13-0054735 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 07/17/2012 |
| <b>Decision Date:</b> | 04/25/2014   | <b>UR Denial Date:</b>       | 10/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 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/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:

This is a male patient with a date of injury of July 17, 2012. A utilization review determination dated October 28, 2013 recommends noncertification for additional physical therapy for the right foot. Noncertification is recommended due to a lack of documentation of functional improvement from previous therapy and unclear remaining treatment goals. A progress report dated September 23, 2013 identifies subjective complaints of pain overlying the 2nd metatarsophalangeal joint. Physical examination identifies an antalgic gait, mild edema, and normal muscle strength. Assessment includes crush injury right foot, late effects of crush injury, and evidence of some osteoarthritic changes in the right ankle. The treatment plan recommends more aggressive therapy in the form of cortisone injection. Compressive stockings and physical therapy are recommended. Custom orthotics are also recommended. 8 physical therapy progress reports are included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 X 8 FOR THE RIGHT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.