

<b>Case Number:</b>	CM14-0010160		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 and 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 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 26 year-old patient sustained an injury on 9/8/12 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy X 6 left foot/ankle. The patient had left foot crush injury in September 2012 s/p open reduction internal fixation (ORIF) with post-operative physical therapy in January 2013 and recent work hardening treatment completed in August 2013. In October 2013, there was consideration of functional restoration program; however, PA for provider noted trial of physical therapy and psych first. Report of 10/4/13 from the provider noted the patient with bilateral lower extremity pain, left greater than right; has returned to modified work with reported left foot hurting with swelling in left leg and foot. Exam showed moderate edema of left foot and left lower extremity; DTRs at knees and ankles 2+. Diagnoses included ankle joint pain. Treatment plan was for physical therapy. Request(s) for Physical Therapy X 6 left foot/ankle was not medically necessary on 1/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X 6 LEFT FOOT/ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy, Post-.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy, Post-Surgical Therapy, Page(s): 98-.

**Decision rationale:** This 26 year-old patient sustained an injury on 9/8/12 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy X 6 left foot/ankle. The patient had left foot crush injury in September 2012 s/p open reduction internal fixation (ORIF) with post-operative physical therapy in January 2013 and recent work hardening treatment completed in August 2013. In October 2013, there was consideration of functional restoration program; however, PA for provider noted trial of physical therapy and psych first. Report of 10/4/13 from the provider noted the patient with bilateral lower extremity pain, left greater than right; has returned to modified work with reported left foot hurting with swelling in left leg and foot. Exam showed moderate edema of left foot and left lower extremity; DTRs at knees and ankles 2+. Diagnoses included ankle joint pain. Treatment plan was for physical therapy. The Chronic Pain Guidelines, post-operative therapy allow for 21 visits over 16 weeks for ankle surgery and 12 visits for fractures of the foot over a postsurgical treatment period of 12-16 weeks and a physical medicine treatment period of 6 months. The patient has received a significant amount of PT visits (total quantity not provided) with work hardening therapy. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's ankle/foot treatment is now over 1-1/2 years without documented clear functional limitations as the patient as resumed full duty, noted post-surgical complications, or co morbidities to allow for additional physical therapy. There is no reported functional improvement from treatment of the authorized PT visits already rendered and the patient should have the knowledge to transition to an independent home exercise program. The Physical Therapy X 6 left foot/ankle is not medically necessary and appropriate.