

<b>Case Number:</b>	CM14-0127672		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 & 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:

Patient is a 52-year-old male who has submitted a claim for sesamoiditis, and right second metatarsophalangeal joint metatarsalgia associated with an industrial injury date of 12/6/2011. Medical records from 2013 to 2014 were reviewed. Patient stated that pain had improved since the last visit as he was able to be active on his feet for 6 to 7 hours a day. He was also able to perform squat lunges at the gym. Physical examination showed mild tenderness at the second MTP joint and fibular sesamoid site. Edema, abrasion, erythema, and ecchymoses were not noted. Neurologic exam was intact. Pedal pulses were palpable. Treatment to date has included cortisone injection, right fibular sesamoidectomy on 04/17/2013, activity restriction, physical therapy x 6 visits, home exercise program, ice application, injections, and medications. Utilization review from 7/21/2014 denied the request for 8 physical therapy visits because of unclear remaining right ankle/foot functional deficits despite previous sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy visits.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient underwent right fibular sesamoidectomy on 04/17/2013 and completed 6 sessions of physical therapy. It is unclear why re-enrollment to PT should be certified at this time since the most recent progress report cited that patient's symptoms had improved. He was able to be active on his feet for 6 to 7 hours a day. He was also able to perform squat lunges at the gym. Physical examination only showed mild tenderness at the second MTP joint and fibular sesamoid site. It is unclear why residual deficits cannot be managed by self-directed home exercise program. Lastly, body part to be treated was not specified. Therefore, the request for 8 Physical Therapy visits is not medically necessary.