

<b>Case Number:</b>	CM14-0134951		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 23 year old male who reported an injury on 06/28/2013. The mechanism of injury occurred when he was struck by a fork lift that was unattended. His diagnoses included complex laceration of the right calf-triceps surae, transected saphenous/posterior tibial nerve tunnel syndrome, reflex sympathetic dystrophy of the right lower extremity and profound myoligamentous weakness of the foot and ankle. The injured workers' past treatment consisted of transcutaneous electrical nerve stimulation, walking cane, ankle brace and physical therapy 2 times a week for 3 months. The diagnostic studies included a nerve conduction study, MRI, and X-ray of the right ankle and foot. His surgical history was not indicated in the clinical notes. On 08/07/2014 the injured worker complained of pain in the right lower extremity. He also reported that the numbness in his leg was increasing causing him to walk with a limp. The physical exam revealed decreased range of motion to the right foot, tenderness to the Achilles/tendon attachment, tenderness over the medial and lateral malleolus and an antalgic limp to the right leg. There was also a positive Tinel's test for Tarsal Tunnel. His medications included Gabapentin, Tramadol, Naproxen, Norco, Gyclobenzaprine cream, and Lidocaine. The treatment plan included physical therapy 2 times a week for 6 weeks to the right ankle and foot to strengthen and increase the range of motion of the right foot and ankle. The Request for Authorization form was not submitted

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk X 6wks Right Ankle/Foot: Upheld**

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

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

**Decision rationale:** The request for physical therapy 2 times a week for 6 weeks to right ankle and foot is not medically necessary. The California/MTUS guidelines recommend physical therapy up to 8-10 visits over 4 weeks in regards to neuralgia, neuritis, and radiculitis. The clinical notes indicated the patient had tarsal tunnel syndrome and abnormal findings during a nerve conduction test. There must be clear documentation of objective quantitative functional improvements to support the continuation of physical therapy. The clinical notes indicated that the injured worker received physical therapy twice a week for 3 months between December 2013 and February 2014. However, there is a lack of objective documentation that indicates increased range of motion, decreased pain, increased functionality and overall improvement to support the continuation of physical therapy. Additionally, the approximately 24 sessions of physical therapy exceeds the recommended number of physical therapy visits for neuralgia, neuritis, and radiculitis. Therefore, due to the previous physical therapy sessions that had no objective functional improvement, the surplus of physical therapy sessions past the recommended number of visits, and the lack of objective quantitative measurements of his current functionality, the request for physical therapy 2 times a week for 6 weeks is not supported. As such, the request is not medically necessary.