

<b>Case Number:</b>	CM14-0179683		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/04/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a cane; non-steroidal anti-inflammatory drug (NSAID); unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 20, 2014, the claims administrator approved a cane, approved foot MRI, and denied eight sessions of physical therapy. The claims administrator seemingly based all of its decisions, in large part, on non-MTUS ODG Guidelines, including the decision to deny physical therapy. The claims administrator did state that the applicant had completed 21 sessions of physical therapy, including eight sessions as recently as May 2014. The applicant's attorney subsequently appealed. In an October 14, 2014 progress note, the applicant reported ongoing complaints of foot and low back pain, 5/10. Tenderness was appreciated about the extensor hallucis longus (EHL) tendons of the foot. The applicant was given presumptive diagnoses of tenosynovitis of the EHL tendon of the long foot, tibialis anterior tendonitis, and neuroma of the right third and fourth digit webspaces. A cane, ice pack, MRI of the foot, and eight sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks, 8 sessions,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management and 9792.20f Page(.

**Decision rationale:** The applicant has had prior treatment (at least 21 sessions, per the claims administrator) over the course of the claim, seemingly well in excess of the 9-to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. However, the applicant is off of work, on total temporary disability. MRI imaging of the foot is being sought, all of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy already well in excess of MTUS parameters. Therefore, the request is not medically necessary.