

<b>Case Number:</b>	CM14-0184304		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Internal 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 injured worker (IW) is a 54-year-old woman with a date of injury of November 2, 2010. The mechanism of injury occurred when she was coming down steps, she rolled her left ankle and foot. The carrier has accepted the claim for the left ankle and foot. Past surgeries/procedures include: Left subtalar joint arthrodesis on June 28, 2012, and left lumbar sympathetic block on November 15, 2013. Pursuant to the most recent progress note dated October 7, 2014, the IW complains of back pain. Her pain radiates from the low back to the mid back and into the shoulder area. She is currently seeing a chiropractor. She continues to have foot swelling and walks with the foot inverted at times due to pain. She has been massaging the scar and has had decreased sensitivity to the scar site. She feels like she has had some progress in her foot and back due to aquatic exercises. On examination, left foot dorsal pedis pulse is 1+. There is continued swelling posterior to the lateral malleolus and anterior over the lateral 5th metatarsal area. There is continued tenderness and sensitivity to palpation over the surgical incision. There is swelling noted to the left foot and ankle. There is tenderness over the medial foot along the arch. The IW has been diagnosed with tenosynovitis of the left tibialis tendon; status post left subtalar joint arthrodesis; Grade III sprain of the left ankle, resulting in instability; neuritis or nerve entrapment of the superficial peroneal nerve of the left foot; and plantar foot fasciitis. Medications were not documented. A request has been made for Ibuprofen 800mg, a replacement four-pronged cane, and physical therapy of the left foot and ankle 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left foot and ankle for 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Improvements Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Foot and Ankle Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy to the left foot and ankle for 12 sessions is not medically necessary. The guidelines provide the recommendations for initiation of physical therapy and specific locations as to duration and frequency. The ODG preface states patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction. In this case, the injured worker is a 54-year-old woman with a date of injury November 2, 2010. The accepted injury is to the left ankle and left foot. Current diagnoses are tenosynovitis of the left tibialis tendon; grade III sprain of left ankle; neuritis or or nerve entrapment of the superficial peroneal nerve of the left foot; and plantar fasciitis. The injured worker is currently seeing a chiropractor, however there is no indication of prior physical therapy to the affected ankle and foot. The guidelines indicate a six visit clinical trial (as noted above) is the starting point and re-evaluate for functional improvement. The requesting physician ordered 12 sessions of physical therapy to the left foot and ankle. This is in excess of what the guidelines allow. Consequently, physical therapy to the left foot and ankle for 12 sessions is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy and left foot and left ankle for 12 sessions is not medically necessary.