

<b>Case Number:</b>	CM14-0020272		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopedic Surgery, has a subspecialty in Fellowship Trained Spine Surgery 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 female whose date of injury is 05/03/13. The mechanism of injury is reported to the left wrist and bilateral ankles, and back while closing a security gate and it fell on top of her. MRI of the left ankle dated 09/23/13 revealed hypertrophic changes at the posterior subtalar joint space. Progress report dated 01/08/14 indicates that the injured worker complains of pain in the right foot and ankle. On physical examination right foot range of motion is plantar flexion 50, dorsiflexion 10, eversion 30 and inversion 10 degrees. There is tenderness in the lateral malleolus. Diagnoses are listed as history of fracture 2nd and 4th metatarsal (toe) left foot; residual laceration/abrasion of the dorsum of the left foot; metatarsalgia of the left foot; sprain/strain, rule out internal derangement, left wrist; sprain/strain, rule out tendonitis, carpal tunnel syndrome, left hand; right ankle sprain/strain; and lumbar sprain. The injured worker was recommended to continue physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY, #18:** 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  
MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for physiotherapy #18 is not recommended as medically necessary. It is unclear which body parts are to be treated. It is unclear how many sessions of physical therapy the injured worker has completed to date. The injured worker's compliance with an active home exercise program is not documented. There are no specific, time-limited treatment goals provided.