

<b>Case Number:</b>	CM14-0026271		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine & Rehabilitation 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 patient is a 61 year old male who was injured on 03/15/2013 while he was performing regular and customary duties at work. A forklift ran over the patient's foot. Prior treatment history has included the patient undergoing surgical intervention with a right foot tarsal tunnel release with a modified distal approach on 02/28/2014. Diagnostic studies reviewed include nerve conduction studies and somatosensory evoked potentials dated 12/12/2013 which revealed an abnormal study of bilateral lower extremities with demyelinating peroneal motor sensory neuropathy affecting the right lower extremity versus right L4-L5 lumbar radiculopathy. Progress report dated 12/06/2013 and 03/14/2014 are illegible. Utilization report dated 02/05/2014 states that the request physical therapy once per week for 8 weeks was not certified as the request for surgery was denied previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY ONE TIMES WEEK FOR EIGHT WEEKS FOR RIGHT ANKLE/FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

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

**Decision rationale:** As per CA MTUS chronic pain and post-surgical guidelines do not specifically address the issue in dispute. According to the ODG, postoperative physical therapy of 10 visits over 5 weeks for the tarsal tunnel syndrome surgery is recommended. The medical records document the patient underwent right foot tarsal tunnel release on 02/28/2014 and postop physical therapy is indicated. However, the request is for physical therapy 1 x 8 weeks, which is not according to the frequency recommended by the guidelines. Thus, the request is not medically necessary according to the guidelines.