

<b>Case Number:</b>	CM14-0042517		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 56 year old female whose date of injury is 07/24/2010. The mechanism of injury is described as walking to the back to put cardboard in baler and right foot got caught on a pallet and fell to the concrete on the left knee and also hit her chin and left arm on a box. Progress report dated 06/02/14 indicates that she complains of ongoing left knee, hip and right foot pain. Medications are listed as Motrin, Prilosec and Gralise. On physical examination she has full range of motion of the left knee. Diagnoses are left knee pain with partial knee replacement on 07/08/11, right ankle pain status post surgical repair on 12/06/13, low back pain and bilateral hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy to Right Foot times 8 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, p Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for outpatient physical therapy to right foot times 8 visits is not recommended as medically necessary. The

injured worker has undergone extensive treatment to date. Most recently, the injured worker was authorized for four physical therapy visits for education and transition to a home exercise program. There is no clear rationale provided to support continued supervised therapy. California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

**Massage Therapy to Right Ankle and Foot times 12 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** Based on the clinical information provided, the request for massage therapy to right ankle and foot times 12 visits is not recommended as medically necessary. The injured worker was authorized for 6 massage therapy visits in March 2014. California Medical Treatment Utilization Schedule guidelines note that massage therapy should be limited to 4-6 visits in most cases. There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented.