

<b>Case Number:</b>	CM14-0047531		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 42 year old male with an injury date of 06/25/2008. Based on the 03/13/2014 progress report by [REDACTED] this patient continues to complain of discomfort affecting his left lower extremity, major complaints with the left foot, and pain in the distal calf area. This patient continues to recover from his left tarsal tunnel surgery on 05/24/2013. The examination revealed moderate discomfort on palpation of the medial aspect of the left foot with most pain in the left extremities along the posterior distal calf area. The patients diagnosis include bilateral foot pain; tarsal tunnel syndrome; bilateral pes cavus; and taut hamstrings left lower extremity with gastrocnemius soleus pain and limited range of motion. The Utilization Review denied the request for 8 physical therapy visits for the left foot on 03/25/2014. [REDACTED] [REDACTED] is the requesting provided and his progress reports from 06/20/2013 to 04/25/2014 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy visits for the left foot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page(s) 98-99.

**Decision rationale:** This patient presents with pain in his left lower extremity and left foot pain. He is recovering from left tarsal tunnel surgery performed on 05/24/13. The treating doctor is requesting 8 physical therapy visits for the left foot which the utilization reviewed denied on 03/25/14. The utilization review denial letter mentions post-operative physical therapy x 20; however, it is not clear if those 20 sessions were within or after the six month post-op period of 05/24/13 and 11/24/13. The MTUS guidelines recommend 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. There is lack of documentation of recent treatment history after 11/24/13 (six months post-op) through 03/18/14 (date of the Request for Authorization). Additionally, the patient continues to struggle and has functional deficit with his foot injury. Based on the information provided, the requested therapy sessions appear reasonable and per the MTUS guidelines meet the maximum number of 8-10 visits. This request is medically necessary.