

<b>Case Number:</b>	CM14-0062988		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 01/16/2013. While at work one of the children had gotten away from her. She began running after the child and twisted her left foot while turning. She experienced immediate pain in the left midfoot and later noted swelling as well as bruising on the lateral aspect of the left foot. An MRI obtained on 04/10/2013 revealed circumferential serpiginous altered signal intensity within the lateral cuneiform, suggesting possible avascular necrosis. After 6 weeks in a cast and approximately 3 weeks in a shoe, an x-ray was ordered of the foot and revealed no obvious change/progression/improvement. The injured worker underwent surgery on 10/11/2013 of a fenestration of the left tarsometatarsal junction with bone graft. Progress evaluation dated 03/20/2014 noted that the injured worker's present complaint of pain was in the left foot, and she described the pain as sharp, constant and aching in nature. She rated her pain at a 6/10 in severity; but prior to the surgery, it was a 10/10 at all times. Physical examination revealed a well-healed incision on the dorsal aspect of the left foot secondary to the fenestration and grafting of the tarsometatarsal joint of the left foot. The Achilles and patellar reflexes were 2+/4 bilaterally and symmetrically. Babinski's was not present, and clonus was not elicited bilaterally. The injured worker's gait was normal. All epicritic sensations were intact, including light touch, sharp/dull, proprioception and vibratory. The injured worker's muscle strength was within normal limits for all extrinsic and intrinsic musculature controlling dorsiflexion, plantarflexion, inversion and eversion. Dorsiflexion, plantarflexion, inversion and eversion of the left foot were all 5/5. The injured worker's past treatment includes a walker boot, orthotics, hot water soaks, a bone stimulator, an immobilization device, physical therapy and medication therapy. Medications include Cymbalta 60 mg daily, Imitrex 100 mg daily and Motrin 600 mg. The

current treatment plan is for physical therapy 2 times a week for 4 weeks to the left foot. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/21/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PT (Physical Therapy) 2 x 4 left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend postsurgical treatment of physical therapy to be 12 visits over 12 weeks. The documentation included provides information on daily treatments; however, it provided limited details with regards to an evaluation of the response to treatment or functional progress. The submitted report also showed that the injured worker had completed 24 physical therapy sessions between 12/13/2013 through 04/03/2014. Furthermore, prior therapy notes were not provided detailing subjective and objective deficits to support improvement of past physical therapy sessions. Given the above, the request exceeds the California MTUS Guidelines. The request for physical therapy 2 times 4 to the left foot is not medically necessary.