

<b>Case Number:</b>	CM14-0074919		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old female, who sustained a work related injury on 3/5/14. She injured her left foot while pushing a table. The diagnosis has included left foot sprain/strain. Treatments to date have included a MRI left foot dated 4/25/14, taking ibuprofen, 6 physical therapy sessions with benefit, home exercise program, wearing a fracture boot, using a CAM walker and modified work duty. In the PR-2 dated 5/5/14, the injured worker complains of intermittent, mild to moderate pain in left foot. She has normal, unrestricted, pain free range of motion. On 5/9/14, Utilization Review modified a request for physical therapy 3 x 2 weeks to left foot to 3 sessions of physical therapy to the left foot. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 2 weeks to left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) Chapter, under Physical therapy (PT).

**Decision rationale:** Based on the 04/21/14 progress report provided by treating physician, the patient presents with left foot pain. The request is for PHYSICAL THERAPY 3X2 WEEKS TO LEFT FOOT. RFA was not provided. Patient's diagnosis on 04/08/14 includes foot sprain and Achilles Bursitis/tendinitis. Treatments to date have included a MRI left foot dated 4/25/14, taking Ibuprofen, home exercise program, and wearing a fracture boot. Patient has work restrictions per treater report dated 04/21/14, however "she is able to work in her usual and ordinary capacities, as long as she is in the fractured boot cam walker." MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, under Physical therapy (PT) states: "ODG Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks Achilles bursitis or tendonitis (ICD9 726.71): Medical treatment: 9 visits over 5 weeks". Treater has not provided reason for the request. Given patient's diagnosis, a short course of physical therapy would be indicated. However, physical therapy notes from 03/14/14 - 04/11/14 showed 6 sessions were attended. In this case, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for additional 6 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.