

<b>Case Number:</b>	CM15-0102305		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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:

This 42-year-old male sustained an industrial injury on 11/17/09. He subsequently reported right foot pain. Diagnoses include fracture of metatarsal, inguinal hernia and umbilical hernia. Treatments to date include x-ray and CT testing, hernia repair surgery, physical therapy and prescription pain medications. The injured worker continues to experience right foot pain. Upon examination, there was tenderness to palpation over the third metatarsal base. The range of motion of the right ankle is within normal limits. The treating physician made a request for chest x-ray and post-op physical therapy 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary, X-ray, pages 902-903 and Other Medical Treatment Guidelines National Guideline Clearinghouse, Practice advisory for

preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar; 116 (3): 522-38. [173 references] Interventions and Practices Considered Routine preoperative tests.

**Decision rationale:** Review indicates the patient is scheduled for surgery with current requests to include preoperative diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary disease, long-term smoking, and cardiocirculatory diseases to support for the routine preoperative tests. The Chest x-ray is not medically necessary and appropriate.

**Post-op physical therapy 12 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot: Post-surgical therapy guidelines. Fracture of one or more phalanges of foot (ICD9 826): Postsurgical treatment: 12 visits over 12 weeks Postsurgical physical medicine treatment period: 6 months.

**Decision rationale:** The Chronic Pain Guidelines, post-operative therapy allow for 12 visits over 12 weeks for one or more fractures of the phalanges over a postsurgical treatment period and physical medicine treatment period of 6 months. Request was modified for 9 PT visits. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient is without documented clear functional limitations, noted post-surgical complications, or comorbidities to allow for additional physical therapy prior to further assessment. There is no reported functional improvement from treatment of the authorized PT visits already rendered and the patient should have the knowledge to transition to an independent home exercise program. The Post-op physical therapy 12 visits is not medically necessary and appropriate.