

<b>Case Number:</b>	CM15-0164330		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old female, who sustained an industrial injury on 01-07-2003. She has reported injury to the right lower extremity. The diagnoses have included right stage 2 acquired adult flatfoot deformity; unspecified deformity of the ankle and foot; painful total knee replacement; posterior tibial tendinitis of right leg; and status post right total knee replacement. Treatment to date has included medications, diagnostics, bracing, icy-hot packs, surgical intervention, physical therapy, and home exercise program. Medications have included Motrin and Hydrocodone-Acetaminophen. A progress report from the treating physician, dated 07-13-2015, documented a follow-up visit with the injured worker. The injured worker reported that she has undergone eight sessions of physical therapy with noticeable improvement for right stage 2 acquired adult flatfoot deformity; she has been on a variation of the Alvarez protocol, designed to rehabilitate the posteromedial structures including the posterior tibial tendon; she has not been keen on wearing the brace; she has been wearing shoes with a high platform heel, which she has found helpful; and she has ongoing issues with her shoulders, back, and knee. Objective findings included she stands with a noticeable flatfoot deformity on the right with positive too-many-toes signs; her equinus contracture is again noted, although it has somewhat improved; she has good inversion and eversion; her posterior tibial tendon is intact, and she is able to actively invert the foot; sensation, motor function, and vascular status are intact; and six more physical therapy sessions will be helpful to her to oversee the rehab program and the Alvarez protocol that she is on, and may allow her to avoid surgery. The treatment plan has included the request for physical therapy 2xwk x 3wks right ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwk x 3wks right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic foot or ankle pain. Without strong evidence for prior physical therapy being beneficial, medical necessity of physical therapy cannot be justified as any greater than a home exercise program emphasizing education, independence, and the importance of on-going exercise. If there is clear evidence of functional improvement to substantiate further sessions of physical therapy based on prior sessions, consideration should be made for a further trial. In this case, a home exercise program should be encouraged, and therefore the request for further physical therapy to include 6 sessions is not medically necessary based on the provided records.