

<b>Case Number:</b>	CM15-0184746		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male who sustained an industrial injury January 19, 2015. Past history included surgery right second, right third, right fourth, right fifth metatarsal fractures. According to a primary treating physician's progress report dated August 18, 2015, the injured worker presented for follow-up. The physician documents he has completed approximately 18 visits of physical therapy, not sure of the exact number but ran out. Current medication included Motrin, and Norco. Objective findings included; surgical incision well healed, no obvious deformity, no swelling, calf normal appearance with no swelling, erythema or signs of deep vein thrombosis; range of motion full, gait antalgic; 2+ pulses distal extremities with capillary refill less than 3 seconds, deep tendon reflexes symmetrical bilateral upper and lower extremities and sensation intact; 5 out of 5 strength with no atrophy major muscle groups bilateral upper and lower extremities. A physical therapy status report dated August 20, 2015, revealed the injured worker has attended 12 sessions of physical therapy with 6 authorized session remaining. At issue is a request for authorization for additional physical therapy two times a week for three weeks, right foot. A complete 3-view x-ray of the right foot dated April 16, 2015 (report present in the medical record) impression is documented as internal removal of hardware transversing the second through fifth metatarsal shaft fractures with partial interval healing; alignment is unchanged. According to utilization review dated September 1, 2015, the request for (1) Outpatient Functional capacity evaluation was certified. The request for additional outpatient Physical Therapy (2) times a week for (3) weeks for the right foot is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Outpatient Physical Therapy 2 Times a Week for 3 Weeks for the Right Foot:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s):  
Ankle & Foot.

**Decision rationale:** The claimant sustained a significant injury to the right foot on 01/19/15 when a box fell on his foot and underwent ORIF of right second, third, fourth, and fifth metatarsal fractures on 01/19/15. Fixation hardware was removed on 03/16/15. As of 08/13/15 he had completed 12 of 18 approved postoperative physical therapy treatments. When seen, he did not feel capable of returning to unrestricted work and had a very heavy PDL requirement. Physical examination findings included appearing in moderate discomfort. There was full range of motion. He had an antalgic gait. There was normal strength. He was continued at full weight-bearing status. Authorization for an additional six physical therapy treatments was requested. After the surgery performed, guidelines recommend up to 21 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for continued strengthening and balance. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. There is no impairment of strength or range of motion. The request is not medically necessary.