

<b>Case Number:</b>	CM15-0188271		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 60 year old female who sustained an industrial injury on 02-14-2011. Current diagnosis includes right foot fracture. Report dated 08-20-2015 noted that the injured worker presented with complaints that included right foot pain, calf cramping, and numbness in the 2, 3, and 4 toes. Pain level was 8 (right foot pain) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-20-2015 revealed right lower extremity edema and tenderness in the right foot tenderness. Previous diagnostic studies included an x-ray of the right foot. Previous treatments included medications. The treatment plan included request for physical therapy. Request for authorization dated 08-31-2015, included requests for physical therapy 3 x 12. The utilization review dated 09-08-2015, modified the request for physical therapy 3 x 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. 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 Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in February 2011 and is being treated for a right 5th metatarsal spiral fracture sustained while working as a cook with secondary foot deformities. The claimant has insulin dependent diabetes and a body mass index of 26.5. Treatments have included forefoot orthotics. Surgical reconstruction is being planned pending a trial of physical therapy. When seen, pain was rated at 8/10. There was tenderness over the right first metatarsal head and pain over the fifth metatarsal head and in the fourth intermetatarsal interspace. There was second metatarsal head tenderness. There was a supinated foot posture with minimal medial forefoot weight bearing. Authorization for 18 physical therapy treatments is being requested. In terms of physical therapy for arthritis of the foot, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. Home use of use of TheraBands and a BAPS board for strengthening and balance could be incorporated early in treatments. The request is not medically necessary.