

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0188396 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 01/11/2013 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 09/01/2015 |
| <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: California, New York

Certification(s)/Specialty: Podiatrist

### 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 39 year old female, who sustained an industrial injury on 1-11-2013. The injured worker is undergoing treatment for: right knee and leg pain, and right plantar fascia tear, and right ankle pain. On 6-11-15, 7-1-15 and 9-2-15, she is noted to have had multiple on and off physical therapy of the right instep over the past 2 years, which she has indicated as helping. She reported right foot pain with pain in the right posterior calf rated 7 out of 10. She indicated her pain to be aggravated by walking, standing and running. Objective findings revealed the right foot to have no swelling, palpable tenderness to the bottom of the foot and full range of motion, the right knee is noted as having palpable tenderness and full range of motion. The records do not discuss the efficacy of the already completed physical therapy sessions and how they have improved her functional status and improved her pain. The treatment and diagnostic testing to date has included: multiple sessions of physical therapy, electrodiagnostic studies (6-16-15), right knee surgery (2013), synvisc injection (November 2014), multiple magnetic resonance imaging of the right ankle and right knee (dates unclear), rest, and elevation, home exercise program, heat, cold, Epsom salt baths, orthopedic shoe gear and inserts. Medications have included: Lidoderm patch, Gabapentin. Current work status: off work until 9-3-15, then modified duty. The request for authorization is for: additional physical therapy three times a week for four weeks, in treatment of the right gastrosoleus equinus, quantity 12. The UR dated 9-1-2015: modified certification of physical therapy for 6 visits (12 total since 5-18-15) in treatment of the right gastro-soleus equinus, quantity 6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 times weekly for 4 weeks, 12 sessions, in treatment of the right gastrocaoleus equinus:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Work-Relatedness, Physical Methods.

**Decision rationale:** As per MTUS, Table 14-1, page 363, the injured worker persists with indicators of red flag conditions. The injured worker's diagnosis are consistent throughout much of the record. A large number of recommended treatment modalities have been applied without positive, sustainable outcome, including at least 45 sessions of physical therapy. The MTUS guidelines recommend active study and referral to ascertain objective findings of pathology consistent with the injured worker's complaints. Corroborative testing is supported. The recommendation is to arrange for appropriate treatment or consultation. The record notes that the injured worker has a disinclination to work restrictions. The record does not provide a thorough work history to establish work-relatedness as a possible cause for the injured worker's difficulties. The record indicates that the injured worker is active in a hazardous and physically demanding work situation. MTUS Table 14-4, page 373, provides criteria for activity modification and duration of absence from work. As per guideline recommendations, work restrictions are intended to allow for recovery, or time to build activity tolerance. Without consideration of guideline recommended study and work activity modification, the requested physical therapy: 3 times weekly for four weeks, 12 sessions, in treatment of the right gastroc/soleus equines is not medically necessary.