

<b>Case Number:</b>	CM15-0201260		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/04/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 is a 49 year old male with a date of injury of May 4, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for left foot and ankle crush injury. Medical records dated June 29, 2015 indicate that the injured worker complained of left foot and ankle pain and swelling. A handwritten progress note dated September 9, 2015 documented complaints of persistent swelling and associated weakness of the left ankle and foot Per the treating physician (September 9, 2015), the employee was temporarily totally disabled. The physical exam dated June 29, 2015 reveals increased swelling of the left lower extremity greater than the right lower extremity with increased redness, extreme tenderness of the lateral mid foot about the fourth and fifth metatarsal base and cuboid, tenderness to palpation over the lateral, medial, and anterior ankle joints, numbness and tingling over the dorsum of the foot and all toes with shaking of the left foot, guarding due to pain, and decreased range of motion of the left foot and ankle. The progress note dated September 9, 2015 documented a physical examination that showed tenderness of the lateral and medial joint complex, swelling of the lateral greater than medial joint line, and decreased range of motion. Portions of the progress note were difficult to decipher. Treatment has included fifteen sessions of physical therapy, use of a cane, and bracing. The original utilization review (September 28, 2015) non-certified a request for six sessions of physical therapy for the left ankle and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left ankle/foot, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.