

<b>Case Number:</b>	CM15-0202490		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/03/2015
<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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 27 year old male, who sustained an industrial injury on 12-22-14. The injured worker has complaints of left foot pain with numbness and tingling sensation. There was tenderness noted, swelling noted and range of motion was decreased on left ankle. Motor strength was decreased. The diagnoses have included left foot and ankle fracture; status post left leg open reduction, internal fixation on 12-22-15 on crutches; possible left leg neuropathy and questionable fibula and tibia fractures. Treatment to date has included tramadol; mobic and gabapentin. The original utilization review (10-3-15) non-certified the request for physical therapy, 12 sessions and cortisone injections, #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 12 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left foot and ankle fracture; status post left leg ORIF December 22, 2015 on crutches; possible left leg neuropathy. Date of injury is December 22, 2014. Request for authorization is dated September 23, 2015. The September 23, 2015 request for authorization is a duplicate submitted by the DPM provider on September 17, 2015. The documentation shows the injured worker received physical therapy back in May 19, 2015. According to the September 23, 2015 progress note by the pain management provider, subjective complaints include pain in the left foot with numbness and tingling. Objectively, the injured worker is ambulating with crutches. There is tenderness noted and swelling noted with decreased range of motion at the ankle. The treating provider indicated the injured worker is seeing [REDACTED] (DPM) who recommended the injured worker have a hinged brace, and ankle foot orthosis, physical therapy treatment and three cortisone injections. The pain management provider reviewed the recommendations and submitted an additional (identical) request for the same services. The first request from September 17, 2015 was noncertified. The documentation indicates the injured worker had prior physical therapy in May 2015. As of May 2015 the injured worker received eight physical therapy sessions. The total number of physical therapy sessions to date, however is not specified. The documentation in the medical record does not demonstrate objective functional improvement. There are no compelling clinical fact indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy 12 sessions is not medically necessary.

**Cortisone injections, #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Injections.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, Cortisone injections, #3 are not medically necessary. The ACOEM does not recommend repeat or frequent injections for the foot and ankle. Additionally Chapter 14 of the ACOEM state invasive techniques such as needle acupuncture and injection procedures have no proven value. The

guidelines do not recommend steroid injections for Morton's neuroma. Injections to the ankle are not recommended for tendinitis, Morton's neuroma or for intra-articular corticosteroid administration. In this case, the injured worker's working diagnoses are left foot and ankle fracture; status post left leg ORIF December 22, 2015 on crutches; possible left leg neuropathy. Date of injury is December 22, 2014. Request for authorization is dated September 23, 2015. The September 23, 2015 request for authorization is a duplicate submitted by the DPM provider on September 17, 2015. The documentation shows the injured worker received physical therapy back in May 19, 2015. According to the September 23, 2015 progress note by the pain management provider, subjective complaints include pain in the left foot with numbness and tingling. Objectively, the injured worker is ambulating with crutches. There is tenderness noted and swelling noted with decreased range of motion at the ankle. The treating provider indicated the injured worker is seeing [REDACTED] (DPM) who recommended the injured worker have a hinged brace, and ankle foot orthosis, physical therapy treatment and three cortisone injections. The pain management provider reviewed the recommendations and submitted an additional (identical) request for the same services. The first request from September 17, 2015 was noncertified. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for cortisone injections to the ankle, cortisone injections #3 are not medically necessary.